Medical Groups

in the United States, 1959

Results of Questionnaire Survey, Including
Comparison With Findings of 1946 Study

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Foreword

This report has been prepared by Miss Ruth M. Raup and Miss Marion E. Altenderfer of the Division of Public Health Methods. It represents the development of material originally collected and analyzed by Dr. S. David Pomrinse, now of Mount Sinai Hospital, New York, and Dr. Marcus S. Goldstein, now with the National Institute of Mental Health. Dr. William H. Stewart, now staff assistant to the Special Assistant for Health and Medical Affairs of the Department of Health, Education, and Welfare, and Mrs. Margaret D. West of the Division of Public Health Methods shared in the development and analysis of the material.

We acknowledge with thanks the help provided by the Council on Medical Services of the American Medical Association, the American Association of Medical Clinics, the National Association of Clinic Managers, the Group Health Association of America, State and local health departments, and others who furnished names and addresses of groups. We further are grateful for the cooperation of the groups which furnished the information on which this study is based.

Preliminary results of the survey have been presented in the following papers by Dr. Pomrinse and Dr. Goldstein: "Group Practice in the United States." *Group Practice* 9:845-859, Nov. 1960; "The 1959 Survey of Group Practice." *American Journal of Public Health* 51:671-682, May 1961; "The Growth and Development of Medical Group Practice." *Journal of the American Medical Association* 177:765-770, Sept. 16, 1961.

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Introduction

In recent decades several trends in medical care have focused attention upon medical group practice. With the increasing specialization of physicians, group practice has helped coordinate the services of a number of different medical specialists. With the growing importance of laboratory and other technical procedures in diagnosis and treatment, group practice has facilitated common use of expensive equipment and scarce ancillary staff. With the accelerated advancement of medical knowledge, group practice has permitted physicians to schedule a part of their time for continuing education and has provided a framework for internal professional review of quality of care.

The potentialities of group practice in strengthening medical services have emphasized the need for a continuing appraisal of the operation of such groups. It is important to have available comprehensive information on medical groups: their growth, geographic distribution, size, patterns of specialization, forms of organization, methods of income distribution, ways of maintaining quality of care, and other characteristics.

To supplement the findings of pioneer studies conducted by Klotz in 1926 (*1*), Rorem in 1930 (*2*), and the American Medical Association in 1933 and 1940 (*3, 4*), the Division of Public Health Methods of the Public Health Service some 17 years ago carried out a comprehensive study of medical group practice in the United States. The 1946 study obtained data on group practice by means of a questionnaire mailed to all listed medical groups in the country. In addition, an intensive personal interview survey was carried out on 22 medical groups selected with regard to regional representation, size of community, size of group, type of group, and other factors. Based on these studies, the Public Health Service was able to describe in some detail the numbers and characteristics of medical groups as they existed shortly after the end of World War II (*5*).

Between 1946 and 1959 scientific advances and socio-economic developments tended to favor the further growth of medical group practice. Reflecting this growth, the American Association of Medical Clinics was established in 1949 to elevate the standards of practice in medical clinics and to give mutual help by the interchange of ideas and experience, among other purposes. To aid physicians who were contemplating the establishment of group practices as well as those already in such groups, the American Medical Association and the American Association of Medical Clinics in the

mid-1950s conducted a special survey of the experience, philosophy, and operation of 103 selected medical groups in various parts of the United States (*6*). In 1956, two out of five senior medical students expressed interest in group practice as their future mode of practice (*7*).

In order to document trends in the development of group practice since 1946 and provide an up-to-date description of medical groups as they currently existed, the Division of Public Health Methods of the Public Health Service in November 1959 again undertook a survey of medical group practice in the United States. Information was obtained mainly through a mailed questionnaire to all known groups, comparable to the questionnaire used in the 1946 Public Health Service survey but amended to clarify some of the old items and include certain new items. In addition, revisits were made to 20 of the 22 groups intensively studied by personal interview in 1946.

The following report presents the results of the questionnaire survey. It elaborates upon material summarized in three previously published papers (*8, 9, 10*). Considerable additional data and analysis also are included.

CHAPTER I

Scope and Method of Study

The Public Health Service questionnaire survey of medical group practice which began in the latter part of 1959 had two main purposes. The first was to determine trends in the numbers and characteristics of medical groups since the time of the comprehensive Public Health Service survey in 1946. The second was to provide an up-to-date description of groups as they existed in 1959. The scope and method of the present survey reflect this dual purpose.

Definition of Group Practice

With the gradual evolution of various methods of organizing medical services, there still does not exist a generally accepted definition of group medical practice. Depending on the purposes to be served, past definitions have differed with respect to the minimum number of physicians required for a group, the extent to which these physicians may engage in group practice on a part-time basis, forms of organization, methods of income distribution, and a number of other factors. (See exhibit A in appendix.)

Because one of the primary objectives of the present study was to investigate trends in the number and characteristics of group practice since the earlier Public Health Service survey in 1946, it was important that the definition used include *at least* the types of groups covered in the 1946 survey. The 1946 survey defined group practice as a formal association of three or more full-time physicians providing services in more than one medical field or specialty, with income from medical practice pooled and redistributed to the members according to some prearranged plan.

In the past 10 or 15 years, certain types of groups not encompassed in the 1946 Public Health Service survey definition have assumed increasing importance as providers of medical services. A significant rise has occurred in the number of groups composed of physicians in a single field or specialty. While such single specialty groups do not attempt to provide a broad range of medical services, they resemble multispecialty groups in many aspects of organization, administration, and financing.

Also commanding increased attention in recent years have been groups comprising fewer than three full-time physicians but a total of three or more full- plus part-time physicians. As many as a dozen groups providing services under the Health Insurance Plan of Greater New York in 1959, although lacking any full-time physicians, had 25 or more physicians who gave part time to the group. Other groups consisting mostly or entirely of part-time physicians include certain large groups sponsored by labor unions, medical school teaching hospitals, and industrial organizations.

At the outset the present survey was intended to cover medical groups with three or more full-time physicians, including both multispecialty and single specialty groups. However, questionnaires were sent to all known or possible associations of physicians calling themselves groups or clinics and to all known or possible partnerships with more than two physicians' names in the title. A considerable number of groups returning questionnaires had less than three full-time physicians, but a total of at least three full- plus part-time physicians.

To provide information on each of the main types of group responding in the survey, the definition used in this report was broadened to include *any group of three or more physicians (full time or part time) formally organized to provide medical services, with income from medical practice distributed according to some prearranged plan.* Within these limits, four categories of groups were distinguished:

1. Groups providing services in more than one field or specialty, with three or more full-time physicians. (Comparable to the groups covered in the 1946 survey.)

2. Groups providing services in more than one field or specialty, with less than three full-time physicians, but a total of at least three full- plus part-time physicians.

3. Single specialty groups with three or more full-time physicians.

4. Single specialty groups with less than three full-time physicians but a total of at least three full- plus part-time physicians.

The definition was not extended to include two-man partnerships, single physicians employing one assistant, or other combinations of two physicians only. Not only the 1946 Public Health Service survey but also most other major previous studies have required at least three physician members; a few have required four or more (exhibit A in appendix). Although some two-man combinations did return questionnaires in the present study, no systematic attempt was made to reach the very large number of such combi-

nations existing in the United States. Information on the two-man combinations has been omitted from the analysis in this report as being too fragmentary to be accurately representative of all such arrangements.

Sharing of office space, equipment, and ancillary staff was not in itself regarded as an adequate reason for considering several physicians to be a group. Nor was the fact alone that a number of physicians worked for the same employer or belonged to the staff of the same institution. Physicians were considered to form a group only if they carried on their professional activity working together, at least on a part-time basis. A few combinations of physicians ostensibly falling within the definition used in this study were excluded from the survey on the physicians' own assertion that they did not practice as a group.

A wide range of forms of organization was included under the definition used in this study, so long as the physicians met the other criteria stated. The group could consist entirely of partners. It could include a combination of partners and employed physicians. It could be composed of a single physician employing two or more assistants. It could consist of physicians joined together in an association. All of the physicians could be employed by a hospital, an industrial company, a union, a consumer cooperative, a closed panel prepayment plan, or any other outside agency or organization excepting only Government agencies or institutions (the present study being limited to physicians in private practice).

The study was directed primarily toward groups furnishing a broad array of services, including diagnosis, therapy, and rehabilitation. However, groups providing diagnosis only or some other limited aspect of service were not excluded.

In classifying groups according to the number of fields or specialties in which services were provided, the following types were regarded as providing services in more than one field or specialty: groups consisting of specialists in two or more fields, groups consisting of general practitioners and specialists, and groups consisting of general practitioners only. Groups providing services in more than one field or specialty are referred to hereafter as "multispecialty and general practice groups." Groups consisting of physicians in several surgical specialties were classified as single specialty groups.

The pooling and redistribution of income by physicians in a group as defined for this report, does not guarantee that the physicians will work together in the care of patients. Physicians may pool their income and nevertheless practice substantially as if they were independent physicians. Physicians receiving separate incomes may under certain circumstances—e.g., when serving as voluntary members of clinic staffs or otherwise working in close association with each other—practice substantially as if they were a group. However, an agreement on income distribution was regarded as one

of the better available concrete evidences that the physicians cooperated in their professional activity.

The method by which the patient pays for care was not a criterion for the inclusion of groups in the study. The patient might be charged on a fee-for-service basis. He might participate in a prepayment plan covering the costs of all or part of the services received. His care might be financed wholly or partly by some outside agency or organization.

Method of Study

The four-page 30-question questionnaire mailed to medical groups in 1959 (exhibit B in appendix) elicited information on the name and location of the group, the number and type of physicians practicing in the group, the primary activity of the group, the nature of the legal agreement of association, the extent of incorporation, and the form of organization. Also included were questions on method of income distribution, history of the group, specialties represented, numbers of nursing and auxiliary personnel, hospital ownership and control, affiliation with outside organizations, and association, if any, with a prepayment plan. Sources of income, special programs for rehabilitation and older patients, methods of maintaining quality of medical care, and plans for future expansion were among the other subjects covered.

To assure that the questionnaire was sent to as nearly all of the medical groups in the country as possible, listings of groups or possible groups were obtained from the American Medical Association, the American Association of Medical Clinics, the National Association of Clinic Managers, the Group Health Association of America, Professional Business Management, Inc., the Industrial Medical Association, Medical Economics, Inc., the Public Health Service directory of medical groups in 1946, labor organizations, and (through the cooperation of Public Health Service regional office staff and State health departments) local health departments. From these and other sources, a master unduplicated list of 3,165 names and addresses of possible groups was developed.

The distribution of the questionnaire was handled as follows: To each of the 3,165 possible groups on the master list was sent a questionnaire accompanied by an explanatory letter from the Surgeon General of the Public Health Service (exhibit C in appendix). Those groups which did not respond within 4 to 6 weeks received a second letter and another copy of the questionnaire.

Of the 3,165 questionnaires mailed, 2,519 or 80 percent were returned (table 1). The returns included 1,623 from respondents meeting the definition of a group used in the present report, 604 from respondents not meeting the definition, and 292 from groups which had been disbanded or could not

be located by the Post Office. The response rate of 80 percent is about the same as that for the 1946 study, 79 percent.

Probably the overwhelming majority of the groups with three or more full-time physicians in the United States in 1959 were sent questionnaires. Since the survey was not specifically directed to groups with three full- plus part-time physicians, the coverage of groups in this category probably was less complete, although a substantial proportion of such groups with large numbers of part-time physicians is believed to have been included.

Table 1. Response in survey of medical groups in the United States: 1959

Item	Number	Percent
Total questionnaires mailed	3,165	100.0
Returned	2,519	79.6
Groups as defined for this report	1,623	51.3
Not meeting definition of group	604	19.1
Disbanded or not located	292	9.2
Not returned	646	20.4

Focus of This Report

In the following analysis, attention is focused first upon the total number of groups included in the survey and secondly upon all multispecialty and general practice groups. Some discussion is included on single specialty groups, with the data on groups with less than three full-time physicians generally being combined with the data on groups with three or more full-time physicians. Comparisons of data from the 1959 survey with data from the 1946 Public Health Service survey of medical groups are by necessity confined to the multispecialty and general practice groups with three or more full-time physicians.

CHAPTER II

Number of Groups and Group Physicians

A total of 1,623 medical groups as defined for the purposes of this report (Chapter I) responded to the nationwide questionnaire survey conducted by the Public Health Service in 1959. This chapter provides summary figures on the number of these groups, by type, and on the number of physicians associated with the groups. Information on multispecialty and general practice groups with three or more full-time physicians is compared with data obtained in the 1946 Public Health Service survey of medical group practice.

Type of Group

The 1,623 medical groups covered in the present survey included 1,228 multispecialty and general practice groups and 395 single specialty groups. Of the 1,228 multispecialty groups, 1,154 or the great majority had three or more full-time physicians (the groups comparable to those surveyed by the Public Health Service in 1946) and 74 had less than three full-time physicians. The 395 single specialty groups included 392 with three or more full-time physicians and only 3 with less than three full-time physicians. (Table 2.)

Full- and Part-time Group Physicians

Engaged in practice as full-time or part-time members of the 1,623 medical groups were 14,841 physicians. Of these physicians, 13,268, or 9 out of every 10, were with multispecialty and general practice groups, including 11,447 in groups having three or more full-time physicians and 1,821 in groups having less than three full-time physicians. The great majority of the physicians in single specialty groups were with groups having three or more full-time physicians. (Table 2.)

About four-fifths of the physicians in medical groups were on a full-time basis. Among the various types of group, the proportion of full-

time physicians ranged from less than 4 percent in multispecialty and general practice groups with less than three full-time physicians to almost all (about 98 percent) in single specialty groups with three or more full-time physicians. In multispecialty and general practice groups with three or more full-time physicians, the proportion of group physicians who were full-time group members was slightly under 90 percent.

Table 2. Number of medical groups surveyed and full- and part-time group physicians, by type of group: 1959

Type of group	Number of groups	Number of physicians			Percent full time
		Total	Full time	Part time	
Total	1,623	14,841	11,692	3,149	78.8
Multispecialty and general practice.	1,228	13,268	10,149	3,119	76.5
3 or more full-time physicians.	1,154	11,447	10,081	1,366	88.1
Less than 3 full-time physicians.	74	1,821	68	1,753	3.7
Single specialty	395	1,573	1,543	30	98.1
3 or more full-time physicians.	392	1,562	1,539	23	98.5
Less than 3 full-time physicians.	3	11	4	7	36.4

Of the physicians devoting only part of their time to group practice, almost all were members of multispecialty and general practice groups. There were 1,366 part-time physicians in 325 multispecialty and general practice groups with three or more full-time physicians—or an average of 4.2 part-time physicians in each of these groups (median: 1.2). The 74 multispecialty and general practice groups with less than three full-time physicians contained 1,753 part-time physicians, an average of 23.7 per group. (Table 3.)

Group Physicians in Relation to Total Practitioners and to Population

The 14,841 full- and part-time physicians reported as engaged in group practice in 1959 represented about 9.2 percent of all physicians in private practice in the United States that year. About 8.2 percent of all

private practitioners were reported as members of multispecialty and general practice groups; the other 1.0 percent were in single specialty groups. Dividing the same group physicians according to share of time given to group practice, full-time group members constituted 7.3 percent of all private practitioners, with part-time group members representing 1.9 percent. (Table 4.)

Table 3. Number of medical groups having part-time physicians, and average number of part-time physicians in these groups, by type of group: 1959

Type of group	Number of groups having part-time physicians	Number of part-time physicians	Average number of part-time physicians per group having such physicians
Total	421	3,149	7.5
Multispecialty and general practice	399	3,119	7.8
3 or more full-time physicians	325	1,366	4 2
Less than 3 full-time physicians	74	1,753	23.7
Single specialty	22	30	1.4
3 or more full-time physicians	19	23	1.2
Less than 3 full-time physicians	3	7	2.3

Table 4. Full- and part-time physicians in 1,623 medical groups in relation to total physicians in private practice, by type of group: 1959

Type of group	Total	Full time	Part time
Number of group physicians	14,841	11,692	3,149
Group physicians as a percent of total physicians in private practice:[1]			
Total	9.2	7.3	1.9
Multispecialty and general practice	8.2	6.3	1.9
3 or more full-time physicians	7.1	6 3	0.8
Less than 3 full-time physicians	1.1	(2)	1.1
Single specialty[3]	1.0	1.0	(2)

[1]Based on 161,162 physicians in private practice in 50 States and D.C.
[2]Less than 0.05 percent.
[3]Includes 3 groups with less than 3 full-time physicians as well as 392 groups with 3 or more full-time physicians.

In relation to population, there were reported in 1959 8.5 full- and part-time physicians in group practice for each 100,000 civilians in the United States. The number of full-time group physicians was 6.7 per 100,000 people; there were 1.8 part-time group physicians per 100,000 people. (Table 5.)

Table 5. Full- and part-time physicians in 1,623 medical groups in relation to civilian population, by type of group: 1959

Type of group	Total	Full time	Part time
Number of group physicians	14,841	11,692	3,149
Group physicians per 100,000 civilian population:[1]			
Total	8.5	6.7	1.8
Multispecialty and general practice	7.6	5.8	1.8
3 or more full-time physicians	6.5	5.8	0.8
Less than 3 full-time physicians	1.1	(2)	1.0
Single specialty[3]	0.9	0.9	(2)

[1]Based on population of 175,267,500 in 50 States and D.C.
[2]Less than 0.05.
[3]Includes 3 groups with less than 3 full-time physicians as well as 392 groups with 3 or more full-time physicians.

Comparison With 1946

The number of multispecialty and general practice groups with three or more full-time physicians covered in the 1959 survey (1,154) was more than three times the number of such groups included in the 1946 Public Health Service survey of medical groups (368). Since the techniques used in canvassing the groups in 1959 resembled generally the techniques used in 1946 and since response rates were not markedly different in the two surveys (chapter I), this increase without doubt reflects a "true" three-fold increase. (Table 6.)

Between 1946 and 1959 there was also a tripling in the number of physicians associated with multispecialty and general practice groups with three or more full-time physicians. Both in 1946 and in 1959, part-time physicians constituted about one-eighth of the total number of group physicians. The proportion of groups having part-time members remained about the same in 1959 as it had been in 1946—slightly over one-quarter of the groups.

The increase in the number of physicians in multispecialty and general practice groups with three or more full-time physicians between 1946 and 1959 was considerably greater than the increase in total private

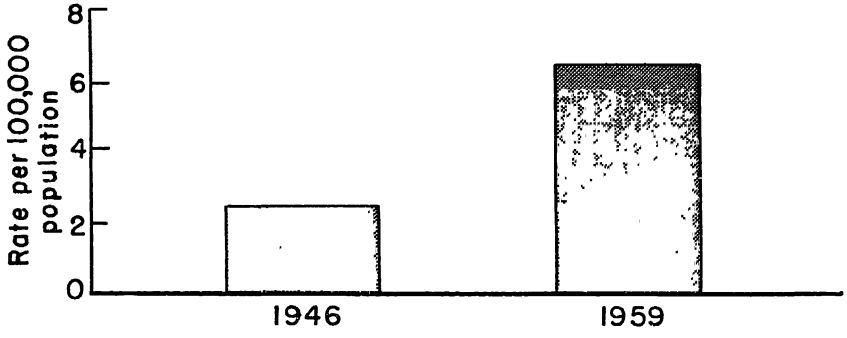
practitioners. While physicians in private practice increased in number by over one-third over these years, the number who were in this type of group in 1959 had almost tripled. (Table 6). In relation to population, group physicians surveyed rose from 2.5 per 100,000 people in 1946 to 6.5 per 100,000 in 1959 (chart 1).

Table 6. Number of multispecialty and general practice groups with three or more full-time physicians, and number of physicians in these groups, in relation to total physicians in private practice and to population: 1946 and 1959

Item	1946	1959
Number of groups	368	1,154
Group physicians	3,493	11,447
Full time	3,084	10,081
Part time	409	1,366
Number of groups having part-time physicians	93	325
Percent of groups having part-time physicians	25.3	28.2
Group physicians as percent of total physicians in private practice.[1]	3.0	7.1
Group physicians per 100,000 civilian population	2.5	6.5

[1]Based on totals of 116,795 physicians in 1946 and 161,162 in 1959.

Chart 1. Growth of group physicians in relation to population: 1946 and 1959



Physicians in multispecialty and general practice groups with three or more full-time physicians

Source: Table 6.

CHAPTER III

Location of Groups

Differences exist in the extent to which physicians in various sections of the Nation have joined together in groups. This chapter provides information on the distribution of groups and group physicians by geographic division, State, and type of county, both in absolute numbers and in relation to total private practitioners and to population. Changes since 1946 in the geographic distribution of multispecialty and general practice groups are also discussed.

Geographic Division

Over half of the medical groups covered in the 1959 survey were located in three of the nine geographic divisions of the country: the West North Central, East North Central, and West South Central divisions. Among the various types of group, the multispecialty and general practice groups with three or more full-time physicians were distributed in a manner generally similar to that of all types of group combined. On the other hand, almost half of the multispecialty and general practice groups with less than three full-time physicians were located in the Middle Atlantic division. The South Atlantic division contained a larger proportion of the single specialty groups than did any other division. (Table 7.)

Because of differences in group size and group composition in the various geographic divisions, the distribution of group physicians was somewhat different from the distribution of groups. The Middle Atlantic division, for example, with 7 percent of the groups, contained 17 percent of the group physicians. Higher percentages of physicians than of groups were found also in the New England and Pacific divisions. Discrepancies between the proportion of groups and the proportion of group physicians were confined almost entirely to the multispecialty and general practice groups. The distribution of single specialty group physicians by geographic division was about the same as the distribution of the single specialty groups. (Table 8.)

Table 7. Percent distribution of medical groups, by geographic division and type of group: 1959

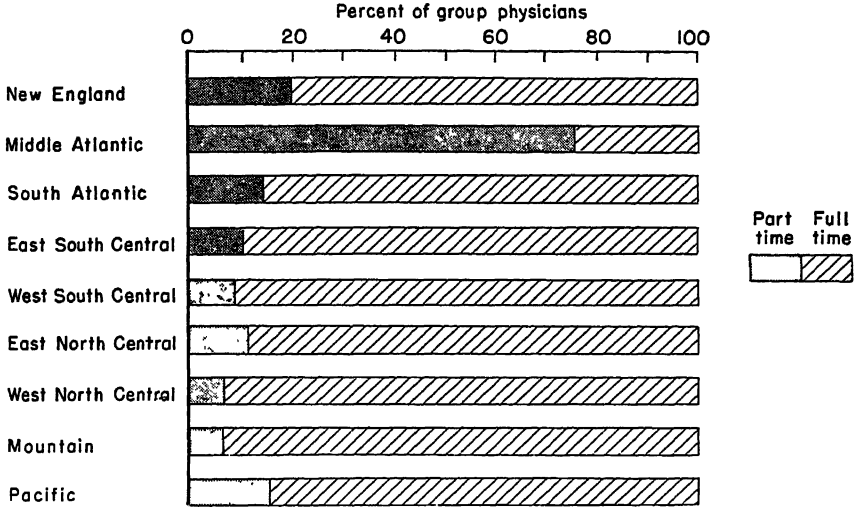
Geographic division	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
Number of groups	1,623	1,228	1,154	74	395
Percent distribution: United States	100.0	100.0	100.0	100.0	100.0
New England	1.7	1.7	1.6	4.1	1.5
Middle Atlantic	6.9	7.2	4.9	41.9	6.1
South Atlantic	11.8	8.3	8.1	12.2	22.5
East South Central	6.2	6.7	6.9	2.7	4.6
West South Central	14.7	15.3	15.9	6.7	12.9
East North Central	16.3	15.7	15.9	12.2	18.0
West North Central	22.6	23.9	24.8	9.4	19.0
Mountain	7.0	6.9	7.3	1.4	7.3
Pacific	12.8	14.3	14.6	9.4	8.1

Table 8. Percent distribution of physicians in 1,623 medical groups, by geographic division and type of group: 1959

Geographic division	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
Number of group physicians.	14,841	13,268	11,447	1,821	1,573
Percent distribution: United States	100.0	100 0	100.0	100.0	100 0
New England	2 7	2.8	2 7	3.6	1 8
Middle Atlantic	17 3	18.7	9 9	74 2	5 4
South Atlantic	8.2	6 6	7 2	2.8	21 6
East South Central	4 3	4.3	4 9	0 4	4 2
West South Central	10.7	10.5	12 0	1.1	11 9
East North Central	15 6	15 1	16.5	6.2	19.8
West North Central	17 8	17.7	19.8	4 6	18.5
Mountain	5.3	5.1	5.9	0.2	7.3
Pacific	18.1	19.2	21.1	6.9	9.5

The large number of group physicians in the Middle Atlantic division was attributable to a considerable extent to the many part-time physicians in multispecialty and general practice groups in that area. Whereas in most divisions of the country less than 20 percent of the physicians in multispecialty and general practice groups were on a part-time basis, in the Middle Atlantic division the proportion was over 75 percent (chart 2). The virtual absence of part-time physicians in single specialty groups was common to all geographic divisions (appendix table 1).

Chart 2. Proportion of full- and part-time physicians in multispecialty and general practice groups in each geographic division: 1959



Source: Computed from appendix table 4.

While 9 percent of private practitioners in the Nation as a whole were reported in medical groups, the proportion ranged from less than 4 percent in New England to about 22 percent in the West North Central division. Other divisions with a high percentage of their physicians engaged in group practice were the Mountain (14 percent), West South Central (13 percent), and Pacific (12 percent) divisions. The Middle Atlantic division had the highest percentage of private practitioners associated with multispecialty and general practice groups with less than three full-time physicians. The percentage of private practitioners in single specialty groups was highest in the West North Central, Mountain, and South Atlantic divisions. (Table 9.)

Table 9. Group physicians as a percent of total physicians in private practice in each geographic division, by type of group: 1959

Geographic division	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
Number of group physicians.	14,841	13,268	11,447	1,821	1,573
Group physicians as a percent of total physicians in private practice:					
United States....	9.2	8.2	7.1	1.1	1.0
New England.....	3.5	3.3	2.7	0.6	0.2
Middle Atlantic.....	6.3	6.1	2.8	3.3	0.2
South Atlantic.....	6.4	4.6	4.3	0.3	1.8
East South Central.....	8.2	7.3	7.2	0.1	0.9
West South Central....	12.6	11.1	10.9	0.2	1.5
East North Central.....	7.7	6.6	6.2	0.4	1.0
West North Central....	21.9	19.5	18.8	0.7	2.4
Mountain.....	14.1	12.1	12.0	0.1	2.0
Pacific.....	12.2	11.5	10.9	0.6	0.7

The number of group physicians in relation to population, which averaged 8 per 100,000 people in the United States generally, was as low as 4 per 100,000 in New England and as high as 17 per 100,000 in the West North Central division. For physicians in multispecialty and general practice groups, the range was from 4 to 16 per 100,000; and for physicians in single specialty groups, from 0.3 to 1.9 per 100,000. The West North Central division had the highest numbers of group physicians relative to population both for multispecialty and general practice groups and for single specialty groups. (Table 10.)

State

Among the individual States, Minnesota and California had the largest numbers of groups, with 152 and 139, respectively. Texas was next with 134 groups. Although more than two-thirds of the remaining States had 30 or fewer groups each, only Alaska was without groups entirely. Multispecialty and general practice groups with three or more full-time physicians were distributed in about the same way as total groups. One-third of all multispecialty groups with less than three full-time physicians were located in New York; 29 States reported no such groups. Ohio and Minnesota had the largest number of single specialty groups. (Appendix table 2.)

Table 10. Ratio of group physicians to population in each geographic division, by type of group: 1959

Geographic division	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
Number of group physicians.	14,841	13,268	11,447	1,821	1,573
Group physicians per 100,000 civilian population:					
United States....	8.5	7.6	6.5	1.1	0.9
New England.....	3.9	3.6	3.0	0.6	0.3
Middle Atlantic.....	7.6	7.3	3.3	4.0	0.3
South Atlantic.....	4.9	3.5	3.3	0.2	1.4
East South Central.....	5.4	4.8	4.8	(1)	0.6
West South Central....	9.6	8.5	8.4	0.1	1.1
East North Central.....	6.5	5.6	5.3	0.3	0.9
West North Central....	17.4	15.5	14.9	0.6	1.9
Mountain.....	11.9	10.2	10.2	(1)	1.7
Pacific.....	13.2	12.5	11.9	0.6	0.7

[1]Less than 0.05.

Group physicians were most numerous in California, New York, Minnesota, and Texas. These four States together accounted for about 40 percent of all group physicians. Other States having 500 or more group physicians each were Pennsylvania, Illinois, and Ohio. New York and Pennsylvania led the other States in the numbers of physicians in multispecialty and general practice groups with less than three full-time physicians. States with 100 or more physicians in single specialty groups included Ohio, Minnesota, Texas, Virginia, and California (in descending order). (Appendix table 3.)

The States with the greatest numbers of full-time group physicians were California, Minnesota, and Texas. Of the part-time physicians, three-fifths were in New York and Pennsylvania alone. Both of these States had more than three times as many part-time group physicians as full-time group physicians in their multispecialty and general practice groups; in practically all of the other States, full-time group physicians substantially outnumbered part-time group physicians. (Appendix table 4.)

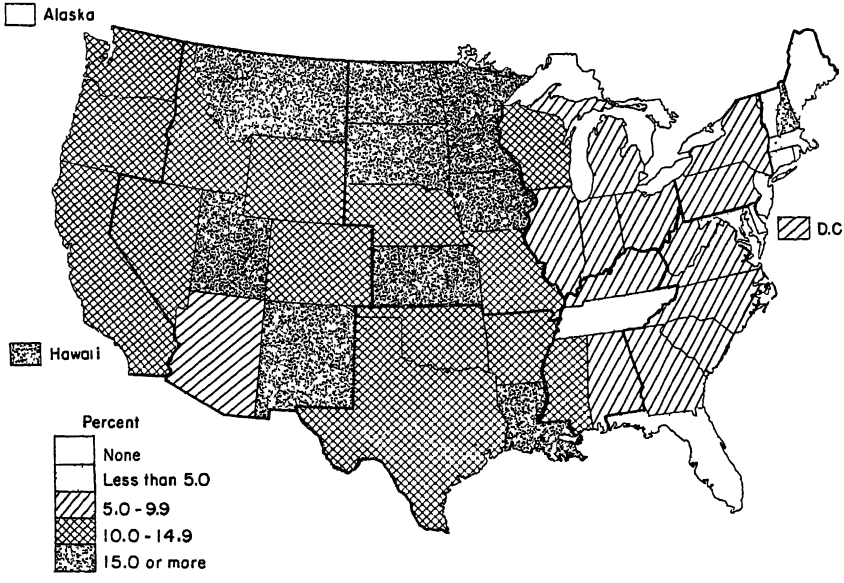
The proportion of all private practitioners who were members of medical groups ranged from less than 1 percent in Maine and Rhode Island to more than 40 percent in North Dakota and Minnesota. In general, States east of the Mississippi River had fewer group physicians in relation to total

private practitioners than did States west of the Mississippi. (Appendix table 5 and chart 3.)

The States having the highest numbers of group physicians in relation to population were North Dakota, Minnesota, and Montana, in that order. Each of these States had more than 20 group physicians for every 100,000 civilians, compared with the national average of 8 per 100,000. As in the case of group physicians in relation to total private practitioners, States with high numbers of group physicians in relation to population tended to be concentrated west of the Mississippi River. (Appendix table 5 and chart 4.)

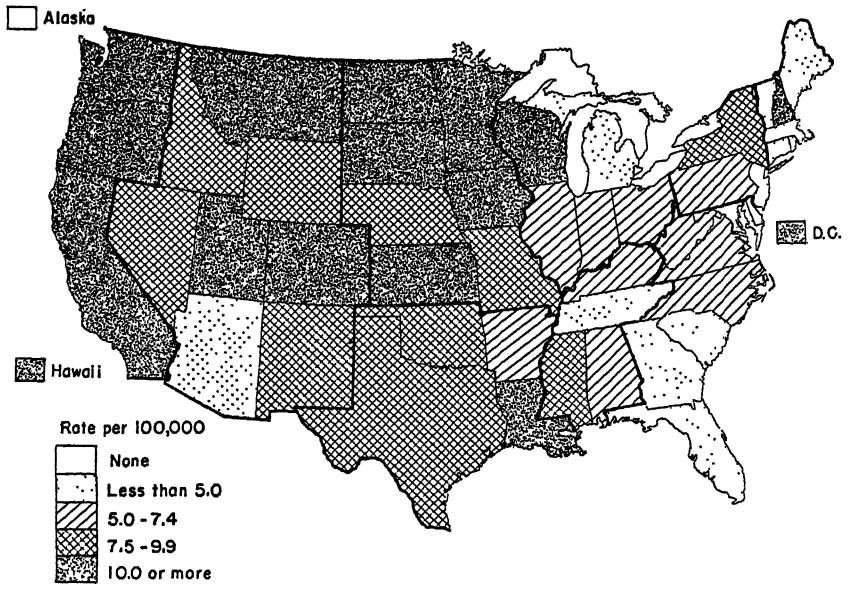
In some States the number of group physicians reflected the presence in the State of a large medical group serving patients from throughout a region or even the Nation generally. The Mayo Clinic, for example, accounted for nearly one-third of Minnesota's more than 1,100 group physicians. In general, however, the States with large nationally renowned groups tended to have fairly high rates of group practice even without counting the physicians in those groups. Thus, excluding the Mayo Clinic physicians, the proportion of Minnesota's private practitioners who were group physicians would still have been about 30 percent, or more than three times the average for the Nation as a whole.

Chart 3. Group physicians in relation to all physicians in private practice in each State: 1959



Source: Appendix table 5.

Chart 4. Group physicians in relation to population in each State: 1959



Source: Appendix table 5.

Type of County

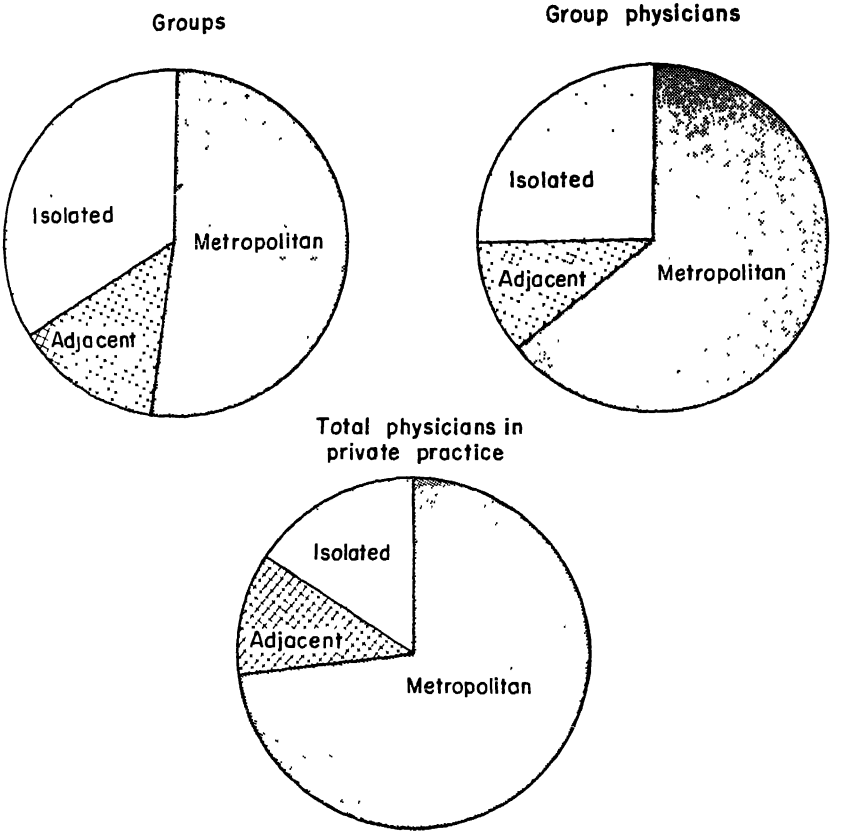
A little over one-half of all the medical groups covered in the 1959 survey were located in metropolitan counties, defined as counties or groups of contiguous counties (except in New England, where towns and cities are used as the base) containing at least one city of 50,000 or more inhabitants. Slightly less than one-sixth of the total groups were in counties adjacent to metropolitan counties. The remaining one-third were in counties described here as isolated—i.e., neither metropolitan themselves nor adjacent to metropolitan counties (*11*). (Chart 5.)

Among the various types of groups, the multispecialty and general practice groups with three or more full-time physicians were somewhat less concentrated in metropolitan counties than were groups generally. For this type of group, the proportion in metropolitan counties was about the same as the proportion in isolated counties—around two-fifths in each case. On the other hand, four-fifths or more of the multispecialty and general practice groups with less than three full-time physicians and of the single specialty groups were located in metropolitan counties. (Appendix table 6.)

Group physicians were more heavily gathered in metropolitan counties than were the groups themselves. Close to two-thirds of the physicians in groups were in metropolitan counties, compared with about half of the groups (chart 5). The relatively greater concentration of group physicians than of groups in metropolitan counties prevailed for each of the various types of group (appendix table 6).

In relation to all private practitioners, isolated counties had the most group physicians. Full-time group physicians included in the survey represented only about 6 percent of total private practitioners in metropolitan counties, compared with about 13 percent of the private practitioners in isolated counties. (Chart 5 and table 11.)

Chart 5. Proportion of medical groups and group physicians in each type of county: 1959



Source: Appendix table 6.

Table 11. Number of full- and part-time physicians in 1,623 medical groups in relation to total physicians in private practice and to population, by type of county: 1959

Type of county	All group physicians	Full-time physicians	Part-time physicians
	Number of group physicians		
All types	14,841	11,692	3,149
Metropolitan	9,702	6,807	2,895
Adjacent	1,547	1,464	83
Isolated	3,592	3,421	171
	Group physicians as a percent of total physicians in private practice		
All types	9.2	7.3	1 9
Metropolitan	8.2	5.8	2.4
Adjacent	9.1	8.6	0.5
Isolated	13.9	13.2	0.7
	Group physicians per 100,000 civilian population		
All types	8.5	6.7	1.8
Metropolitan	8.8	6.2	2.6
Adjacent	6.0	5.7	0.3
Isolated	9.0	8.6	0.4

The various types of counties were more nearly equal in their rates of group physicians to population. Both metropolitan and isolated counties in 1959 had about 9 group physicians per 100,000 civilian population. The adjacent counties were somewhat below this rate. (Table 11.)

The distribution of groups by type of county varied considerably among the various geographic divisions of the United States. Whereas in the Nation generally 53 percent of all groups were in metropolitan counties, the percentage ranged from 26 percent in the East South Central division to 80 percent in the Middle Atlantic division. Without doubt one of the principal factors contributing to this variation was the difference in extent of urbanization in the individual divisions. (Appendix table 7.)

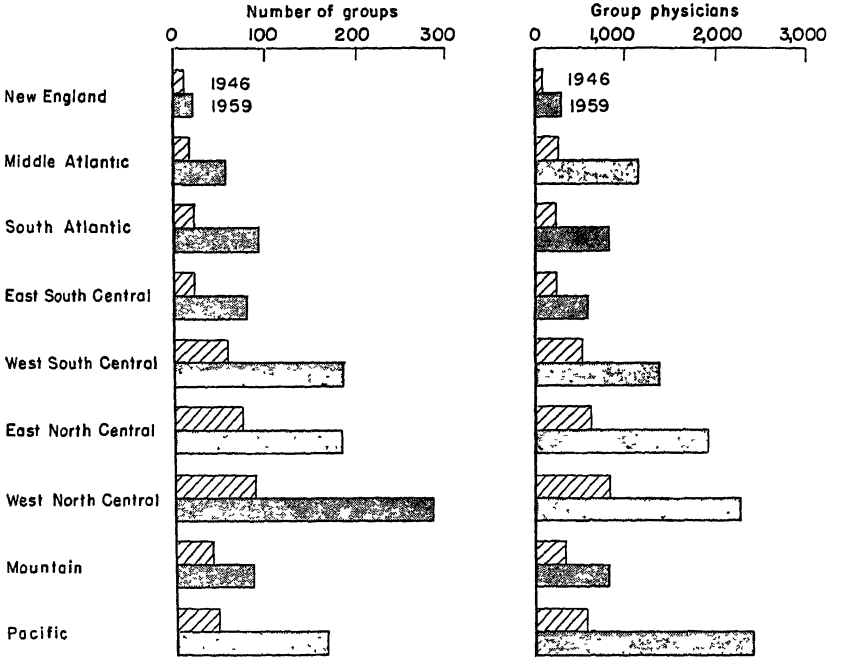
Comparison With 1946

Between 1946 and 1959, multispecialty and general practice groups with three or more full-time physicians increased in number in all geographic divisions of the United States, although at varying rates. The greatest pro-

portionate increases occurred in the South Atlantic and East South Central divisions, in each of which the numbers of groups more than quadrupled. The proportionate increase was also considerably higher than the national average (three times) in the Pacific division. Numbers of groups increased least rapidly in the New England and Mountain divisions, but even in these divisions the numbers more than doubled in the 13-year period. (Chart 6.)

The number of physicians associated with multispecialty and general practice groups with three or more full-time physicians also increased in all geographic divisions. The New England, Middle Atlantic, and Pacific divisions had the highest proportionate increases in group physicians, with rises of about 4½ times each. The Mountain division had the lowest proportionate increase in group physicians as well as the lowest increase in number of groups.

Chart 6. Growth of medical groups and group physicians in each geographic division: 1946 and 1959



Multispecialty and general practice groups with three or more full-time physicians

Source: Appendix table 9.

Both in 1946 and 1959, multispecialty and general practice groups with three or more full-time physicians were concentrated most heavily in the East and West North Central and West South Central divisions of the United States. There was some shift between these two years toward greater relative concentration in the South Atlantic, East South Central, and Pacific divisions. (Table 12.)

The greatest numbers of group physicians in 1946 as in 1959 were found in the East and West North Central and Pacific divisions. The relative standing of these three divisions did change, with the Pacific division moving from third to first place in the proportion of the total it contained. Increases in the relative share of group physicians also occurred between 1946 and 1959 in the New England, Middle Atlantic, and South Atlantic divisions.

Table 12. Distribution of multispecialty and general practice groups with three or more full-time physicians and of physicians in these groups, by geographic division: 1946 and 1959

Geographic division	Medical groups		Group physicians	
	1946	1959	1946	1959
Number[1]	368	1,154	3,493	11,447
Percent distribution:				
United States	100.0	100.0	100.0	100.0
New England	2.2	1.6	1.9	2.7
Middle Atlantic	4.6	4.9	7.1	9.9
South Atlantic	5.7	8.1	6.4	7.2
East South Central	5.2	6.9	5.6	4.9
West South Central	15.5	15.9	14.0	12.0
East North Central	20.4	15.9	17.2	16.5
West North Central	23.6	24.8	23.1	19.8
Mountain	10.9	7.3	8.6	5.9
Pacific	11.9	14.6	16.1	21.1

[1]Alaska and Hawaii not included in 1946 study.

In both 1946 and 1959 the Middle Atlantic division had the highest proportion of group physicians who worked in groups on a part-time basis—about 47 percent part time in each year. In three of the geographic divisions a small increase occurred in the proportion of part-time physicians during this period. In other areas the proportion dropped, most conspicuously in the New England and South Atlantic divisions. (Appendix table 8.)

Between 1946 and 1959, the proportion of all private practitioners who were reported as members of multispecialty and general practice groups with three or more full-time physicians increased in all geographic divisions. The rate of increase was greatest in the Middle Atlantic and New England

Table 13. Physicians in multispecialty and general practice groups with three or more full-time physicians in relation to total physicians in private practice and to population in each geographic division: 1946 and 1959

Geographic division	Group physicians as a percent of total physicians in private practice		Group physicians per 100,000 civilian population	
	1946	1959	1946	1959
United States[1]	3.0	7.1	2.5	6.5
New England	0.8	2.7	0.8	3.0
Middle Atlantic	0.7	2.8	0.9	3.3
South Atlantic	1.9	4.3	1.2	3.3
East South Central	3.4	7.2	1.8	4.8
West South Central	6.1	10.9	3.6	8.3
East North Central	2.5	6.3	2.1	5.3
West North Central	7.8	18.8	6.1	14.9
Mountain	9.3	12.0	6.9	10.2
Pacific	5.0	11.0	4.4	11.9

[1]Alaska and Hawaii not included in 1946 study.

divisions, in each of which the percentages more than tripled. The West North Central division also had a high proportionate increase. (Table 13.)

In general, the trends in number of group physicians in relation to population in the various divisions were similar to those for group physicians as a percentage of private practitioners. The increase in group physicians per 100,000 civilians was greatest in the New England and Middle Atlantic divisions; least in the Mountain division. The West North Central division in 1959 replaced the Mountain division as the division with the highest numbers of group physicians in relation to population.

The States having the largest numbers of multispecialty and general practice groups with three or more full-time physicians in 1946 generally had also the largest numbers of such groups in 1959. Minnesota, California, and Texas were among the top States in both years. Fifteen of the States included in the 1946 survey had two or fewer groups; by 1959, only five States were in this category. In no States did the number of groups decrease between 1946 and 1959. (Appendix table 9.)

Seven States accounted for over half (4,002 out of 7,954) of the rise in number of physicians in multispecialty and general practice groups with three or more full-time physicians between 1946 and 1959. California had an increase of more than 1,400 group physicians. In both 1946 and 1959, New York had the most part-time group physicians, both in absolute numbers and as a proportion of total group physicians.

In almost every State there was an increase in the number of group physicians as a percent of physicians in private practice and in relation to

population between 1946 and 1959. Both in 1946 and in 1959, States with high numbers of group physicians in relation to total private practitioners and to population were Minnesota, North Dakota, and Montana. (Appendix table 10.)

During this period metropolitan counties showed a more rapid increase than did adjacent and isolated counties in the number of multispecialty and general practice groups with three or more full-time physicians. Despite the more rapid growth of groups in metropolitan counties, however, the isolated counties in 1959 still had almost three times as many full-time group physicians in relation to physicians in private practice as did the metropolitan counties; and about two-thirds more such physicians in relation to population. (Table 14.)

Table 14. Number of multispecialty and general practice groups with three or more full-time physicians, and full-time physicians[1] in these groups in relation to total physicians in private practice and to population, by type of county: 1946 and 1959

Item	All types	Type of county		
		Metropolitan	Adjacent	Isolated
Number of groups:				
1946	368	122	62	184
1959	1,154	480	199	475
Number of full-time group physicians:				
1946	3,084	1,268	415	1,401
1959	10,081	5,453	1,371	3,257
Percent distribution of groups:				
1946	100.0	33.2	16.8	50.0
1959	100 0	41.6	17.2	41.2
Percent distribution of full-time group physicians:				
1946	100 0	41.1	13.5	45.4
1959	100.0	54.1	13.6	32.3
Full-time group physicians as percent of total physicians in private practice:				
1946	2.6	1.6	3 3	5.8
1959	6.3	4.6	8.0	12.6
Full-time group physicians per 100,000 civilian population:				
1946	2.2	1.7	1.9	3.3
1959	5.8	5.0	5.3	8.2

[1]Information on the location of group physicians in 1946 by type of county was available only for those physicians who were full-time group members. If part-time physicians had been included, the relative numbers of group physicians in metropolitan counties would have been somewhat increased.

The proportion of counties containing multispecialty and general practice groups with three or more full-time physicians increased among all three types of county between 1946 and 1959. In 1946 only about 30 percent of all metropolitan counties in the United States reported such groups; by 1959 the percentage was 52 percent. The proportions of adjacent and isolated counties with groups increased from 8 to 19 percent and from 7 to 18 percent, respectively. (Table 15.)

Table 15. Proportion of counties in the United States with surveyed multispecialty and general practice groups with three or more full-time physicians, by type of county: 1946 and 1959

Type of county	1946	1959
Number of counties in the United States[1]	3,076	3,074
	Percent of counties with groups	
All types	9.0	21.8
Metropolitan	29.6	52.5
Adjacent	7.9	19.3
Isolated	7.0	17.9

[1]Alaska and Hawaii not included in this table for either year.

CHAPTER IV

Size of Groups

The groups discussed in this report varied in size, from one with three part-time physicians to a number with several hundred full-time physicians. The present chapter discusses the size of the several types of group included in the survey. To indicate the distribution of groups around the average, information is provided on the number of groups in particular size categories and on the distribution of physicians among these groups. Variations in size among different geographic areas are noted. The size of multispecialty and general practice groups with three or more full-time physicians in 1959 is compared with the size of groups surveyed by the Public Health Service in 1946.

Average Size and Size Distribution

The 1,623 groups responding to the 1959 survey had a mean of 7.2 full-time physicians; or, if two part-time physicians are counted as one full-time physician, a mean of 8.2 equivalent full-time physicians. However, the mean was drawn upward by a comparatively small number of large groups. The median group size was 4 full-time physicians and the mode, or most frequently occurring size, was 3 full-time physicians. (Table 16, chart 7, and appendix table 11.)

Among the various types of group, the multispecialty and general practice groups averaged [1] about twice as many full-time physicians as did the single specialty groups—8.3 compared with 3.9. In terms of equivalent full-time physicians, the multispecialty and general practice groups averaged 9.5 physicians. Because of the small number of part-time physicians in single specialty groups, these groups had about the same average number of equivalent full-time physicians as of full-time physicians.

The proportion of large groups was considerably greater for the multispecialty and general practice groups than for the single specialty groups. Among the multispecialty and general practice groups, 18 percent had 11

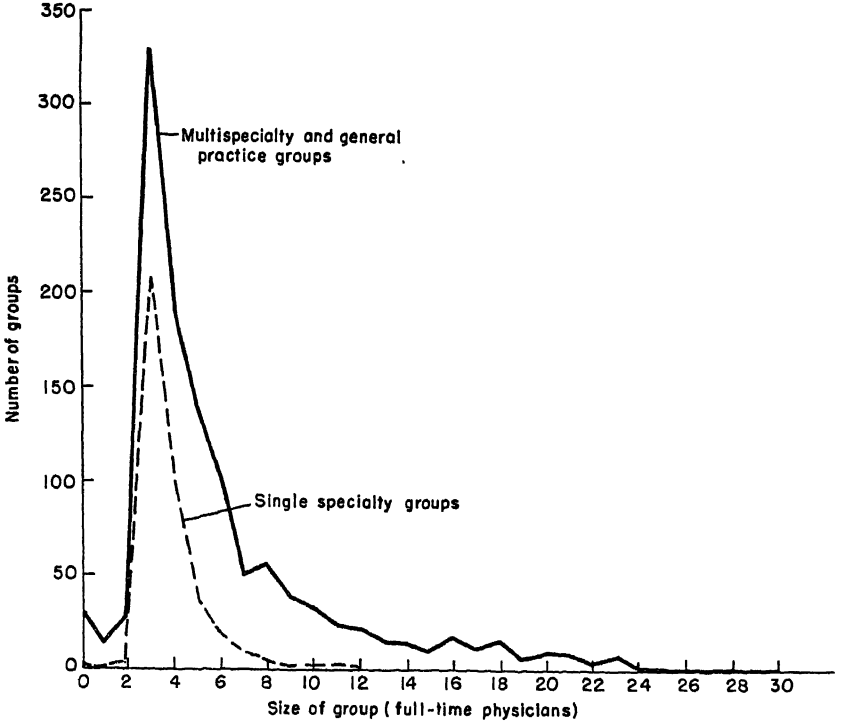
[1] In this case and hereafter in this report the average refers to the mean.

Table 16. Average size of medical groups, by type of group: 1959

Item	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
Number of groups	1,623	1,228	1,154	74	395
Number of group physicians:					
Full time	11,692	10,149	10,081	68	1,543
Part time	3,149	3,119	1,366	1,753	30
Equivalent full time [1]	13,266	11,709	10,764	944	1,558
Average size of group:					
Full-time physicians	7.2	8.3	8.7	0.9	3.9
Equivalent full-time physicians [1]	8.2	9.5	9.3	12.8	3.9

[1]Estimated by equating 2 part-time physicians to 1 full-time physician.

Chart 7. Distribution of medical groups, by size and type of group: 1959



Source: Appendix table 11.

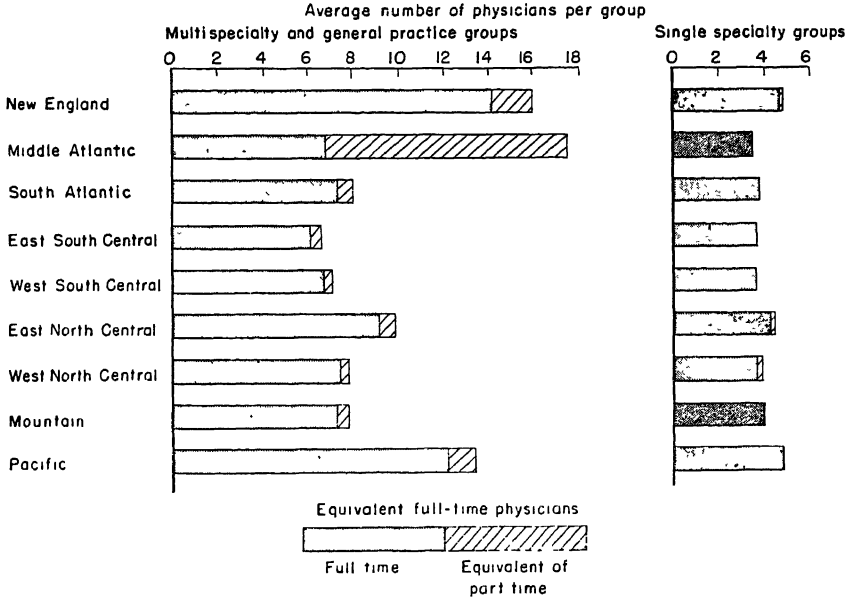
or more physicians each and 4 percent had 26 or more. In contrast, only 1 percent of the single specialty groups had 11 or more physicians and none of these groups had as many as 26 physicians. Median size of multispecialty and general practice groups was 5 full-time physicians; of single specialty groups, 3. (Appendix table 11.)

Although 67 percent of all the groups had 5 or fewer full-time physicians, these groups accounted for only 40 percent of the full- and part-time physicians associated with groups. The 4 percent of the multispecialty and general practice groups having 26 or more full-time physicians contained 23 percent of the full- and part-time physicians in this type of group. About 20 percent of the physicians in single specialty groups were in the 10 percent of these groups having six or more full-time physicians. (Appendix table 12.)

Variation by Geographic Division

The average number of full-time physicians in multispecialty and general practice groups ranged from 6 physicians for groups in the East

Chart 8. Average size of medical groups in each geographic division, by type of group: 1959



Source: Appendix table 14.

Table 17. Percent distribution of medical groups in each geographic division, by type and size of group: 1959

Geographic division	Number of groups	All sizes	Size of group (full-time physicians)					
			Less than 3	3-5	6-10	11-15	16-25	26 or more
Multispecialty and general practice groups								
United States	1,228	100.0	6.0	53.8	22.7	7.2	6.6	3.7
New England	21	100.0	14.3	23.8	23.8	19.0	4 8	14 3
Middle Atlantic	88	100.0	35.3	22 7	19.3	10 2	6.8	5.7
South Atlantic	102	100.0	8.8	53.9	18.7	8.8	5.9	3.9
East South Central	82	100 0	2.4	67.0	17.1	3.7	6.1	3.7
West South Central	188	100.0	2.7	60.1	20.7	11.7	2.7	2.1
East North Central	193	100.0	4.7	49.2	24.4	8.8	9.3	3 6
West North Central	293	100.0	2.4	65.5	21.2	3.4	5.1	2.4
Mountain	85	100.0	1.2	56.5	27.0	3.5	9 4	2.4
Pacific	176	100.0	4.0	43.8	30.1	6.2	9.7	6.2
Single specialty groups								
United States	395	100.0	0.8	88.8	9.4	0.8	0.2	
New England	6	100.0	.....	66.7	33.3	.....	.....	.....
Middle Atlantic	24	100.0	.....	100.0	.....	.....	.....	.....
South Atlantic	89	100.0	.....	92.1	6.8	1.1	.....	.....
East South Central	18	100.0	.....	100.0	.....	.....	.....	.....
West South Central	51	100.0	.....	90.2	9.8	.....	.....	.....
East North Central	71	100 0	1.4	83.1	12.7	1.4	1.4	
West North Central	75	100.0	2.7	89.3	6.7	1.3	.....	.....
Mountain	29	100.0	.....	89.7	10.3	.....	.....	.....
Pacific	32	100.0	.....	78.1	21.9	.....	.....	.....

South Central division to 14 in the New England division. In the M Atlantic division, the average number of equivalent full-time physicia multispecialty and general practice groups was substantially larger tha average number of full-time physicians, reflecting the high concentrati part-time group physicians in that division. Single specialty groups ha average of 4 or 5 physicians—full-time and equivalent full-time—i geographic divisions. (Chart 8.)

Size distribution also differed among geographic divisions. Fo ample, the proportion of multispecialty and general practice groups ha 11 or more full-time physicians ranged from 11 percent in the West N Central division to 38 percent in New England. In most divisions, as i United States generally, single specialty groups tended to be clustered i 3-5 physicians size category. (Table 17.)

Large-sized medical groups tended to be concentrated in ce geographic divisions. Twenty-four percent of the multispecialty and ge practice groups with 26 or more full-time physicians were located in Pacific division. The East and West North Central divisions accounte another 30 percent of these groups. All of the single specialty groups 11 or more full-time physicians were in the South Atlantic and East West North Central divisions. (Appendix table 13.)

Variation by State

Among the individual States, those with the highest average g size—both full-time and full-time equivalent—were New Hampshire (in siderable part because of the Hitchcock Clinic), Massachusetts, and fornia. New York and Pennsylvania were below the national averag full-time physicians per group but near the top among the State average group size in terms of equivalent full-time physicians. The differences in average group size in the States were traceable to differ in the size of multispecialty and general practice groups. (Appendix 14.)

Although in many States the number of groups was too sm permit meaningful generalizations on size distribution, a few States app to have significantly higher than average proportions of large or small specialty and general practice groups. Confining the analysis to States 40 or more groups, those with high proportions of large groups were York, Illinois, Ohio, Wisconsin, and California. The proportion of groups was high in Iowa and Minnesota, in both of which three-quart all groups had five or fewer physicians. (Appendix table 15.)

One-half of the States had at least one multispecialty and g practice group with 26 or more full-time physicians. Only New Yor

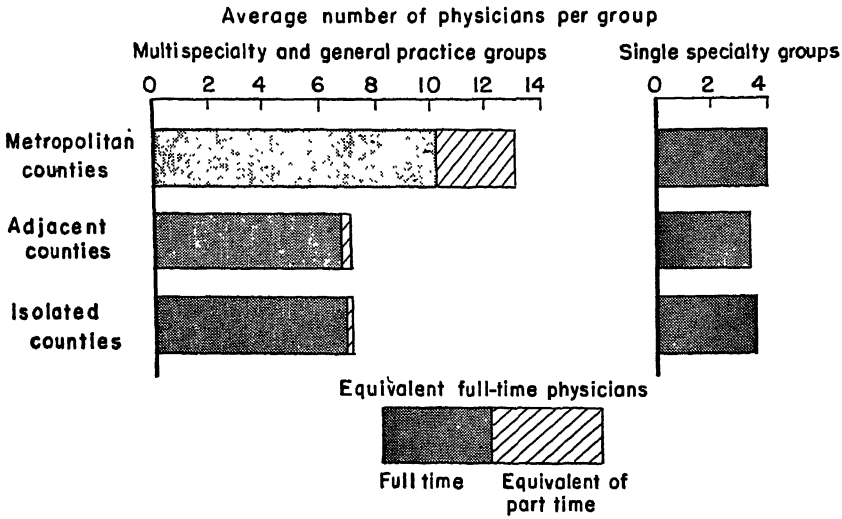
California had more than two such groups reported. Single specialty groups with six or more full-time physicians were located in 20 States. The only States having more than two such groups were Ohio, California, Texas, Minnesota, and Illinois. (Appendix tables 15 and 16.)

Variation by Type of County

Medical groups in metropolitan counties tended to be larger, on the average, than those in adjacent and isolated counties. Multispecialty and general practice groups in metropolitan counties averaged 50 percent more full-time physicians (10.2, compared with 6.7 and 6.8 in adjacent and isolated counties) and almost 90 percent more equivalent full-time physicians (12.9, compared with 6.9 and 6.9). The differences were not as pronounced among the single specialty groups. (Chart 9.)

Metropolitan counties tended to have proportionately more large groups than did adjacent and isolated counties. About 25 percent of the multispecialty and general practice groups in metropolitan counties had 11 or more full-time physicians; the comparable proportions for groups in

Chart 9. Average size of medical groups in each type of county, by type of group: 1959



Source: Computed from appendix table 6.

Table 18. Percent distribution of medical groups in each type of county, by type and size of group: 1959

Size of group (full-time physicians)	All types	Type of county		
		Metropolitan	Adjacent	Isolated
	Multispecialty and general practice groups			
Number of groups	1,228	539	205	484
Percent distribution:				
All sizes	100.0	100.0	100.0	100.0
Less than 3	6.0	11.0	2.9	1.9
3	26.6	20.0	30.7	32.2
4	16.0	11.3	18.0	20.2
5	11.2	11.1	10.2	11.6
6-10	22.7	22.3	24.4	22.5
11-15	7.2	9.1	6.4	5.4
16-25	6.6	8.7	6.4	4.3
26 or more	3.7	6.5	1.0	1.9
	Single specialty groups			
Number of groups	395	328	25	42
Percent distribution:				
All sizes	100.0	100.0	100.0	100.0
Less than 3	0.7	0.9	.....	.....
3	52.4	49.1	72.0	66.7
4	27.1	28.4	20.0	21.4
5	9.4	9.7	8.0	7.1
6-10	9.4	10.7	.....	4.8
11-15	0.7	0.9	.....	.....
16-25	0.3	0.3	.....	.....
26 or more	.....	.....	.....	.....

adjacent and isolated counties were 14 percent and 12 percent respectively. An almost negligible proportion of the single specialty groups in adjacent and isolated counties were large in size. (Table 18.)

More than three-quarters of all the multispecialty and general practice groups with 26 or more full-time physicians were located in metropolitan counties. The same was true of groups with less than three full-time physicians but usually a large number of part-time physicians. The metropolitan counties also contained a majority of the groups with 11-25 physicians. (Appendix table 17.)

The Largest Groups

The 46 multispecialty and general practice groups having 26 or more full-time physicians included among them 9 groups with 50 to 100 full-time physicians, 4 groups with 100 to 200 physicians, and 3 groups with 200 or

more. The three largest groups reporting were the Mayo Clinic in Minnesota; the Permanente Medical Group in Oakland, California; and the Southern California Permanente Medical Group in Los Angeles. The next four largest were the Henry Ford Hospital Group in Detroit, the University of Chicago Clinics in Chicago, the Ross-Loos Medical Group in Los Angeles, and the Cleveland Clinic Foundation in Cleveland. This count does not include large groups consisting mainly or entirely of part-time physicians, e.g., most of the Health Insurance Plan Groups in New York City (*12*).

Among the four single specialty groups reported as having 11 or more full-time physicians, the largest was the Strauss Surgical Group in Chicago, with 17 full-time physicians in various surgical specialties. The Minneapolis Neuropsychiatric Clinic consisted of 12 full-time neurologists and psychiatrists. Comprising 11 full-time physicians each were the Anesthesia Service of Dayton and the group of Drs. Groover, Christie, and Merritt in Washington, D.C. (radiology). Two additional groups had 10 full-time physicians each: the Scripps Clinic and Research Foundation in La Jolla, California (internal medicine), and the Metz Group in Denver (anesthesiology) *(12)*.

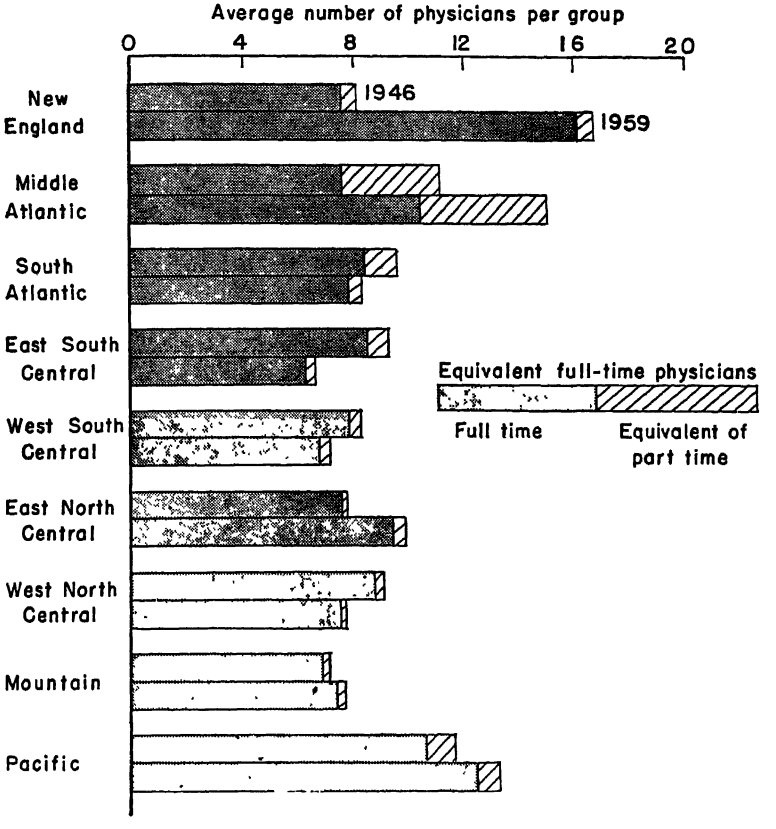
Comparison With 1946

Between 1946 and 1959 relatively little change occurred in the average size of multispecialty and general practice groups with three or more full-time physicians. These groups in 1946 averaged 8.4 full-time physicians each; in 1959, 8.7 full-time physicians. Counting two part-time physicians as equivalent to one full-time physician, the number of equivalent full-time physicians per group averaged 8.9 in 1946 and 9.3 in 1959. (Appendix table 18.)

Among the various geographic divisions, groups in the New England division approximately doubled in average size during this period, increasing from 7.6 full-time (and 8.1 full-time equivalent) physicians in 1946 to 16.3 full-time (and 16.7 full-time equivalent) physicians in 1959. Average size of group also rose in the Middle Atlantic, East North Central, Mountain, and Pacific divisions. However, these increases were almost entirely offset by decreases in average size in the other four geographic divisions. (Chart 10.)

Both in 1946 and in 1959, somewhat over half of the groups had five or fewer full-time physicians, with roughly a quarter of the total having only three full-time physicians. The proportion of groups with 16 or more full-time physicians was slightly greater in 1959 than in 1946—11 percent in the later year, compared with 8 percent in the earlier. (Table 19.)

Chart 10. Change in average size of medical groups in each geographic division: 1946 and 1959



Multispecialty and general practice groups with three or more full-time physicians

Source: Appendix table 18.

Table 19. Distribution of multispecialty and general practice groups with three or more full-time physicians, and of full-time group physicians, by size of group: 1946 and 1959

Size of group (full-time physicians)	Number		Percent distribution	
	1946	1959	1946	1959
	Groups			
All sizes	368	1,154	100.0	100.0
3	82	327	22.3	28.3
4	74	196	20.1	17.0
5	38	137	10.3	11.9
6-10	101	279	27.5	24.2
11-15	42	88	11.4	7.6
16-20	16	60	4.3	5.2
21 or more	15	67	4.1	5.8
	Full-time group physicians [1]			
All sizes	3,084	10,081	100.0	100.0
3	246	981	8.0	9.7
4	296	784	9.6	7.8
5	190	685	6.2	6.8
6-10	764	2,081	24.7	20.7
	536	1,111	17.4	11.0
	284	1,057	9.2	10.5
nore	768	3,382	24.9	33.5

[1]Median group size was 5 full-time physicians both in 1946 and in 1959.

CHAPTER V

Specialization Among Group Physicians

With the growth of specialization among physicians generally, the 1959 survey of medical groups examined the extent of specialty practice among physicians associated with groups. This chapter describes the degree of full and partial specialization among the group physicians covered in the survey, including information on the proportion of full specialists certified by specialty boards. The types of specialists found in groups are also discussed. Specialization among group physicians is compared with that among all private practitioners in the United States. Because the 1946 survey did not collect data on physician specialization, but only on specialized services provided, it was not possible to analyze trends in specialization among group physicians since that year.

Degree of Specialization

About 75 percent of the 14,841 physicians in medical groups in 1959 were full specialists, and an additional 4 percent were partial specialists. Specialists with American Board certification constituted 57 percent of group physicians. Physicians associated with groups on a part-time basis tended to include a higher proportion of specialists than did full-time group physicians. (Table 20.) Degree of specialization varied somewhat, however, according to type of group, location of group, and group size.

Type of Group

Among the physicians in multispecialty and general practice groups the proportion of full and partial specialists—73 percent and 4 percent, respectively—was roughly the same as among group physicians generally. In single specialty groups, all but 3 of the 1,573 physicians were full specialists. (Table 20 and appendix table 19.)

Board-certified specialists were more likely to be found in multispecialty groups with less than three full-time physicians or in single specialty groups than in multispecialty and general practice groups with more than three full-time physicians. Among the physicians in multispecialty

and general practice groups, those on a part-time basis included a higher proportion of Board certified specialists than did those on a full-time basis.

Location

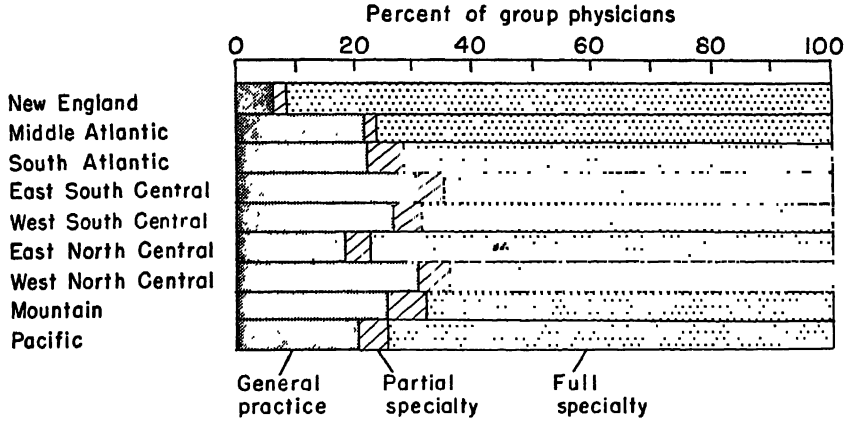
Some variation existed in the degree of specialization among group physicians in different geographic divisions of the Nation and especially in differ-

Table 20. Degree of specialization of full- and part-time physicians in 1,623 medical groups, by type of group: 1959

Degree of specialization	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
	Total group physicians				
Number of physicians	14,841	13,268	11,447	1,821	1,573
Percent distribution:					
Total	100.0	100.0	100 0	100.0	100.0
al practice	20.5	22.9	23.4	19.5	.....
specialization	3.7	4.2	4.6	1.3	0.2
ecialization	75.8	72.9	72.0	79.2	99.8
Board certified	56.6	54.1	51.9	68.9	76.7
Not certified	19.2	18.8	20.1	10.3	23.1
	Full-time physicians				
Number of physicians	11,692	10,149	10,081	68	1,543
Percent distribution:					
Total	100.0	100.0	100.0	100.0	100.0
General practice	21.7	25.0	24.7	70.6	.....
Partial specialization	4.1	4.7	4.7	2.9	0.1
Full specialization	74.2	70.3	70.6	26.5	99.9
Board certified	53.2	49.6	49.8	14.7	77.2
Not certified	21.0	20.7	20.8	11.8	22.7
	Part-time physicians				
Number of physicians	3,149	3,119	1,366	1,753	30
Percent distribution:					
Total	100.0	100.0	100 0	100.0	100.0
General practice	15.8	16.0	13.9	17.6	.....
Partial specialization	2.4	2.4	3.9	1.2	6.7
Full specialization	81.8	81.6	82.2	81.2	93.3
Board certified	68.9	69.1	66.7	70.9	50 0
Not certified	12.9	12.5	15.5	10.3	43.3

ent types of county. Confining the analysis to physicians in multispecialty and general practice groups (since the single specialty groups consisted almost entirely of full specialists), the geographic division having the highest degree of specialization among its group physicians was New England. In this division, over nine-tenths of the physicians were full specialists, compared with the national average of just under three-quarters. The proportion of full specialists was lowest (under two-thirds) in the East South Central and West North Central divisions. These two divisions also had the highest relative numbers of general practitioners among their group physicians. (Chart 11.)

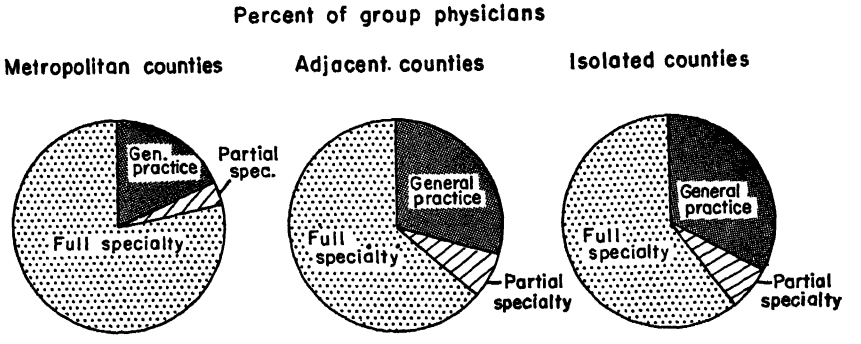
Chart 11. Specialization among physicians in multispecialty and general practice groups in each geographic division: 1959



Source: Computed from appendix table 20.

Almost 80 percent of the physicians in multispecialty and general practice groups in metropolitan counties were full specialists, whereas in adjacent and isolated counties the proportion was 65 percent or less. The proportion of group physicians who were partial specialists tended to be about twice as high in adjacent and isolated counties as in metropolitan counties. The proportion of group physicians in metropolitan counties who were general practitioners was only 18 percent, compared with 29 percent in adjacent counties and 32 percent in isolated counties. (Chart 12 and table 21.)

Chart 12. Specialization among physicians in multispecialty and general practice groups, by type of county: 1959



Source: Table 21.

Table 21. Degree of specialization of physicians in 1,228 multispecialty and general practice groups, by type of county: 1959

Type of county	Total	Degree of specialization		
		General practice	Partial specialization	Full specialization
	Number of group physicians			
All types	13,268	3,036	554	9,678
Metropolitan	8,364	1,520	246	6,598
Adjacent	1,461	424	88	949
Isolated	3,443	1,092	220	2,131
	Percent distribution			
All types	100.0	22.9	4.2	72.9
Metropolitan	100.0	18.2	2.9	78.9
Adjacent	100.0	29.0	6.0	65.0
Isolated	100.0	31.7	6.4	61.9

Size of Group

In multispecialty and general practice groups the proportion of physicians who were full specialists generally increased as the size of the group increased. Only 36 percent of the physicians in groups with 3-5 full-time physicians were full specialists. In contrast, the proportions of full specialists in groups with 6-10 and 11-15 full-time physicians were over 70 percent, and the comparable proportions in groups with 16-25 and 26 or more physicians were over 90 percent. In groups with less than three full-time physicians, but often may part-time physicians, almost 80 percent of the physicians were full specialists. (Table 22.)

Among full-time physicians in groups with less than three full-time physicians, the proportion of full specialists was low and the proportion of general practitioners, high. Regardless of group size, about 80 to 90 percent of all part-time physicians in multispecialty and general practice groups were full specialists.

Kinds of Specialists

Breaking down the group physicians covered in the 1959 survey by type of specialty, nearly 20 percent of the total were full or partial specialists [1] in internal medicine, or about the same proportion as those who were general practitioners. Twelve percent of the physicians were surgeons and 8 percent, specialists in obstetrics and gynecology. Specialists in pediatrics; eye, ear, nose, and throat; radiology; and orthopedics each constituted 5 to 7 percent of the total physicians. (Table 23.)

Both in multispecialty and general practice groups and in single specialty groups, specialists in internal medicine constituted the largest single category of specialists. The distribution of other specialists in multispecialty and general practice groups was about the same as it was in all groups combined. In single specialty groups the next most numerous specialties were orthopedics, pediatrics, and radiology.

Among full-time group physicians in multispecialty and general practice groups, 36 percent were in internal medicine or surgery. The comparable proportion among physicians working part-time in group practice was 20 percent. The part-time physicians included higher proportions of some of the less numerous specialties— for example, radiology, dermatology, and neuropsychiatry. One out of every five or six internists and surgeons practicing in groups was a part-time group member; for such specialties as radiology and dermatology, the ratio of part-time to full-time members was about one to one. (Appendix table 21.)

[1] Information by type of specialty was not obtained separately for full and partial specialists.

Table 22. Degree of specialization and part-time physicians in 1,228 multispecialty and general practice groups, by size of group: 1959

Degree of specialization	All sizes	Size of group (full-time physicians)					
		Less than 3	3-5	6-10	11-15	16-25	26 or more
	Total group physicians						
Number	13,268	1 821	2,879	2,367	1,386	1,713	3,102
Percent distribution:							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
General practice	22.9	19.5	56.5	23.1	17.7	3.5	6.5
Partial specialization	4.2	1.3	7.8	6.7	4.1	2,2	1.7
Full specialization	72.9	79.2	35.7	70.2	78.2	94.3	91.8
	Full-time physicians						
Number	10,149	68	2,450	2,081	1,111	1,522	2,917
Percent distribution:							
Total	100.0	100.0	100.0	100.0	100.0	100 0	100.0
General practice	25.0	70.6	63.0	25.5	16.1	3 5	6.4
Partial specialization	4.7	2.9	8.8	7.1	4.7	1.9	1.1
Full specialization	70.3	26.5	28.2	67.4	79.2	94.6	92.5
	Part-time physicians						
Number	3,119	1,753	429	286	275	191	185
Percent distribution:							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
General practice	16.0	17.6	19.3	5.9	24.0	3.7	9.2
Partial specialization	2.4	1.2	1.9	3.9	1.8	4.2	11.3
Full specialization	81.6	81.2	78.8	90.2	74.2	92.1	79.5

Table 23. Type of specialty of physicians in 1,623 medical groups, by type of group: 1959

Type of specialty	All groups	Multispecialty and general practice groups	Single specialty groups
	Number of group physicians		
Total	14,841	13,268	1,573
General practice	3,036	3,036	0
Full and partial specialty	11,805	10,232	1,573
Internal medicine	2,862	2,613	249
General surgery	1,811	1,682	129
Obstetrics, gynecology	1,247	1,093	154
Pediatrics	1,081	887	194
Eye, ear, nose, and throat	932	791	141
Radiology	832	662	170
Orthopedics	690	469	221
Urology	433	386	47
Neuropsychiatry	331	281	50
Dermatology	269	263	6
Pathology	232	220	12
All other and not reported	1,085	885	200
	Percent distribution		
Total	100.0	100.0	100.0
General practice	20.5	22.9	.....
Full and partial specialty	79.5	77.1	100.0
Internal medicine	19.3	19 7	15.8
General surgery	12.2	12.7	8.2
Obstetrics, gynecology	8.4	8.2	9 8
Pediatrics	7.3	6.7	12.3
Eye, ear, nose, and throat	6.3	6 0	9.0
Radiology	5.6	5.0	10.8
Orthopedics	4.6	3.5	14.0
Urology	2 9	2.9	3.0
Neuropsychiatry	2.2	2.1	3.2
Dermatology	1 8	2.0	0.4
Pathology	1.6	1.6	0 8
All other and not reported	7.3	6.7	12.7

Of all specialists in medical groups, 87 percent were in multispecialty and general practice groups, with the remainder being in single specialty groups. Among the various kinds of specialists, however, the distribution by type of group varied considerably. The proportion in single specialty groups ranged from 32 percent for orthopedists to 2 percent among dermatologists. (Table 24.)

Table 24. Percent distribution of each type of specialist in medical groups, by type of group: 1959

Type of specialist	Number of specialists	All types	Type of group	
			Multispecialty and general practice	Single specialty
Total full and partial specialists.	11,805	100.0	86.7	13.3
Internal medicine	2,862	100.0	91.3	8.7
General surgery	1,811	100.0	92.9	7.1
Obstetrics, gynecology	1,247	100.0	87.7	12.3
Pediatrics	1,081	100.0	82.1	17.9
Eye, ear, nose, and throat	932	100.0	84.9	15.1
Radiology	832	100.0	79.6	20.4
Orthopedics	690	100.0	68.0	32.0
Urology	433	100.0	89.1	10.9
Neuropsychiatry	331	100.0	84.9	15.1
Dermatology	269	100.0	97.8	2.2
Pathology	232	100.0	94.8	5.2
All other and not reported	1,085	100.0	81.6	18.4

Specialty Composition of Groups

The specialty composition of individual groups is best discussed separately for multispecialty and general practice groups and single specialty groups. In the case of the former, concern is with the degree of specialization and types of specialty of the physicians within the various groups. Single specialty groups are analyzed in terms of the proportion of the total groups in each specialty field.

Multispecialty and General Practice Groups

Among the 1,228 multispecialty and general practice groups, slightly over half consisted of a combination of general practitioners and specialists (full or partial). Groups comprising specialists only represented a little over a quarter of the groups. The remaining fifth of the groups included general practitioners only. (Table 25.)

Looking at the kinds of specialties represented in the groups, surgeons were the most commonly found, being included in 69 percent of all the groups. Fifty-six percent of the groups had one or more specialists in internal medicine, and 45 percent, a specialist in obstetrics and gynecology. Psychiatrists and pathologists, on the other hand, were included in less than 12 percent of the groups. (Table 26.)

Table 25. Distribution of multispecialty and general practice groups, by specialty composition: 1959

Specialty composition	Number of groups	Percent of groups
All types	1,228	100.0[1]
General practitioners only	254	20.7
General practitioners and specialists	641	52.3
Specialists only	330	27.0
Unknown	3	.....

[1]Percents based on all known types of specialty composition.

Table 26. Proportion of multispecialty and general practice groups with specified types of specialty, by size of group: 1959

Type of specialty	All sizes	Size of group (full-time physicians)				
		Less than 3	3-5	6-10	11-25	26 or more
Number of groups	1,228	74	660	279	169	46
Percent of groups with:						
General surgery	69.4	74.3	52.3	86.7	97.6	97.8
Internal medicine	55.5	67.6	28.3	83.5	98.2	100.0
Obstetrics, gynecology	45.4	67.6	20.3	62.7	91.1	95.7
Radiology	36.9	73.0	14.2	42.3	84.6	95.7
Pediatrics	33.7	41.9	10.3	50.5	78.7	89.1
Ear, eye, nose, and throat	27.1	56.8	6.7	30.1	71.6	91.3
Urology	22.1	58.1	5 2	14.3	65.7	93.5
Orthopedics	21.7	59.5	3.6	17.6	62.7	93.5
Dermatology	14 2	58.1	2.3	8.6	31.4	84.8
Pathology	11.5	47.3	2 0	7.2	25.4	65.2
Neuropsychiatry	10 0	50 0	0 8	6.8	20.7	58.7
Any other	12 2	28.4	3.0	9.3	27.2	80.4

The larger the group, the more likely it was to have a particular kind of specialist on the staff. Whereas only 28 percent of the groups with 3 to 5 full-time physicians included an internist, for example, such specialists were found in 100 percent of groups with 26 or more full-time physicians. The contrast was especially great in the case of the less common specialties. Practically no small groups had an orthopedist, a dermatologist, a pathologist, or a psychiatrist; but the proportion of groups with 26 or more physicians having such specialists was well over half in each case.

Although the different kinds of specialists found within a particular medical group varied widely, certain patterns of composition tended to prevail. Of the total groups, 22 percent consisted of general practitioners and internists only. Groups having as members general practitioners or internists plus one or more surgeons equalled 13 percent of the groups. Another 41

percent of the total groups included at least the aforementioned "core" of physicians and one or more obstetricians. Only 2 percent of the groups were essentially "single field" groups, e.g. a tumor clinic consisting entirely of surgeons except for one radiologist. (Table 27.)

In some groups the scope of specialties was achieved through the use of physicians devoting only part of their time to group practice. Almost half of the groups that included general practitioners or internists plus surgeons and obstetricians, for example, consisted at least in part of part-time physicians. On the other hand, the use of part-time physicians was comparatively rare among the groups comprising general practitioners or internists and surgeons only.

Table 27. Distribution of multispecialty and general practice groups, by types of specialties provided: 1959

Types of specialties provided	Total groups		Groups with full-time physicians only	Groups with full- and part-time physicians	Groups with part-time physicians only
	Number	Percent			
Total	1,228	100.0	828	368	32
General practice and internal medicine only.	[1]274	22.3	258	15	1
General practice and/or internal medicine, surgery only	154	12.6	138	16	0
General practice and/or internal medicine, surgery, obstetrics at least.	507	41.2	274	215	18
Single field	24	2.0	14	10	0
All other combinations	241	19.6	123	110	8
Unknown	28	2.3	21	2	5

[1]Includes 254 groups with general practitioners only.

Single Specialty Groups

No one specialty predominated among the 395 single specialty groups. The specialty accounting for the largest proportion of the groups was internal medicine, with 68 groups or 17 percent of the total. Orthopedics and pediatrics groups were the next most numerous. Altogether groups specializing in internal medicine, orthopedics, and pediatrics represented over 40 percent of all single specialty groups. These same groups also accounted for over 40 percent of the physicians in single specialty groups. (Table 28.)

Distributing single specialty groups by size, those with only three full-time physicians included proportionately somewhat larger numbers in the fields of internal medicine and obstetrics and gynecology. Accounting for

the greatest proportion of larger groups (six or more members) were the specialties of anesthesiology and radiology. In all of the specialties, the bulk of the groups had five or fewer members. There were no general surgery, urology, or pathology groups with more than four members. (Appendix table 22.)

Table 28. Distribution of single specialty groups and group physicians, by type of specialty: 1959

Type of specialty	Groups		Group physicians	
	Number	Percent distribution	Number	Percent distribution
Total	395	100.0	1,573	100.0
Internal medicine	68	17.2	249	15.8
Orthopedics	53	13.4	221	14.0
Pediatrics	52	13.2	194	12.3
Obstetrics, gynecology	43	10.9	154	9.8
Radiology	40	10.1	170	10.8
Eye, ear, nose, and throat	34	8.6	141	9.0
General surgery	31	7.9	129	8.2
Anesthesiology	30	7.6	160	10.2
Urology	13	3.3	47	3.0
Neuropsychiatry	10	2.5	50	3.2
Pathology	4	1.0	12	0.8
Dermatology	2	0.5	6	0.4
All other	15	3.8	40	2.5

Comparison With All Private Practitioners

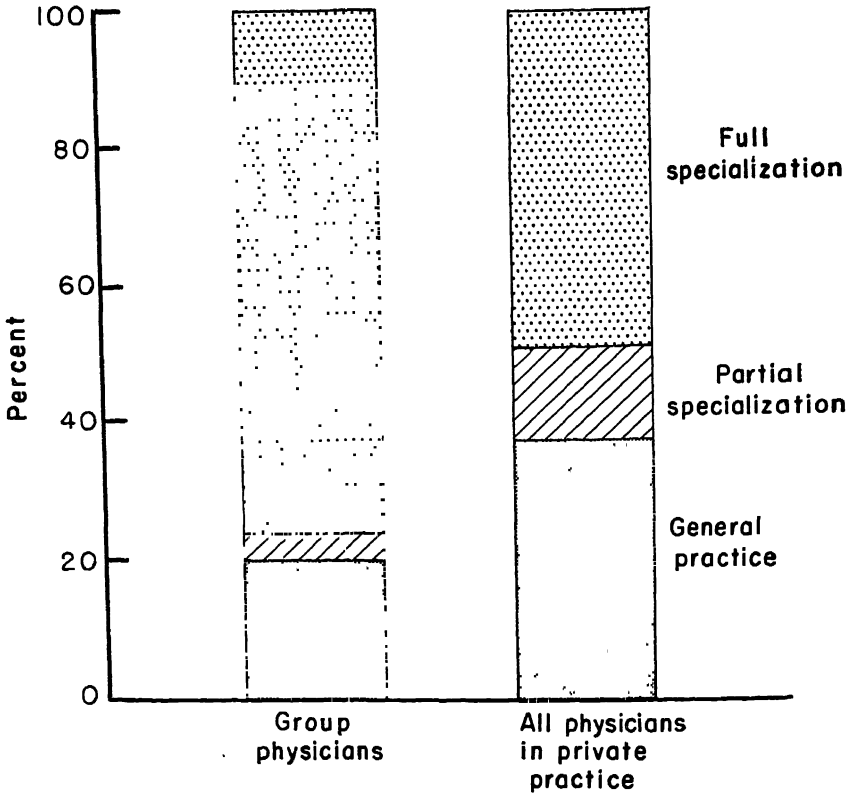
The proportion of physicians who were specialists was greater among group physicians than among total physicians in private practice in the United States in the same year. Whereas 80 percent of the 14,841 group physicians included in the 1959 survey were full or partial specialists, the proportion for all private practitioners was 62 percent. The higher degree of specialization among group physicians was attributable entirely to the larger proportion of full specialists in groups—76 percent of the group physicians, compared with 49 percent for all private practitioners. (Chart 13.)

Even excluding physicians in single specialty groups, the proportion of group physicians who were full specialists was about one-half again the comparable proportion for all physicians in private practice. Nor was the high proportion of full specialists in miltispecialty and general practice groups a result to any large extent of the fact that part-time group mem-

bers were included in the tabulation. If the analysis is confined to full-time members of multispecialty and general practice groups alone, 70 percent of these physicians still were full specialists.

Expressing the numbers of group physicians with various degrees of specialization as a percentage of total private practitioners in these fields, the proportion of private practitioners who were reported as group members was about three times as high for full specialists as it was for general practitioners. Whereas 9 percent of all private practitioners combined were group members, the percentage for general practitioners was 5 percent and for full specialists 14 percent. Among partial specialists in private practice, less than 3 percent were in groups. (Table 29.)

Chart 13. Specialization among group physicians and among all physicians in private practice: 1959



Source: Computed from table 29.

Table 29. Physicians in 1,623 medical groups in relation to total physicians in private practice, by degree of specialization: 1959

Degree of specialization	Total physicians in private practice[1]	Group physicians	Group physicians as a percent of total physicians in private practice
Total	161,162	14,841	9.2
General practice	61,070	3,036	5.0
Partial specialization	21,196	557	2.6
Full specialization	78,896	11,248	14.3

[1]From reference 11 and unpublished data.

Among the various types of full and partial specialists in private practice, the proportion who were members of groups varied by as much as four times. Thus, specialists in neuropsychiatry in medical groups in 1959 represented about 4 percent of all such specialists in 1960, while the rates for radiologists and orthopedists were 20 percent and 17 percent, respectively. Other specialties with higher-than-average proportions of physicians in groups were internal medicine (15 percent) and pathology (14 percent). (Table 30.)

Table 30. Specialists in medical groups in 1959 in relation to total specialists in private practice in 1960, for selected types of specialty

Selected type of specialty	Full and partial specialists[1]		Group specialists as percent of total specialists in private practice
	Total in private practice, 1960[2]	In medical groups, 1959	
Internal medicine	18,497	2,862	15 5
General surgery	20,162	1,811	9 0
Obstetrics, gynecology	11,829	1,247	10 5
Pediatrics	8,811	1,081	12.3
Eye, ear, nose, and throat	10,375	932	9 0
Radiology	4,070	832	20.4
Orthopedics	4,009	690	17.2
Urology	3,346	433	12.9
Neuropsychiatry	7,394	331	4.5
Dermatology	2,512	269	10 7
Pathology	1,597	232	14.5

[1]Information by type of specialty was not obtained separately for full and partial specialists among the group physicians.

[2]From—American Medical Association. Weekly Report on Distribution of Physicians by Type of Practice. Mid-1960. Figures not available for 1959.

Physicians in multispecialty and general practice groups included an especially high proportion of certain types of specialists, compared with all physicians in private practice. This was particularly true of specialists in internal medicine, radiology, and pathology. Orthopedics and urology also had relatively higher representation in multispecialty and general practice groups. (Table 31.)

Table 31. Specialists in multispecialty and general practice groups in 1959 and all specialists in private practice in 1960 for selected types of specialty

Type of specialty	Number of physicians		Percent distribution	
	Total in private practice 1960[1]	In multi-specialty and general practice groups 1959	Total in private practice 1960	In multi-specialty and general practice groups 1959
Total	164,962	13,268	100.0	100.0
General practice	60,453	3,036	36.6	22.9
Full and partial specialty	104,509	10,232	63 4	77.1
Internal medicine	18,497	2,613	11.2	19 7
General surgery	20,162	1,682	12.2	12.7
Obstetrics, gynecology	11,829	1,093	7.2	8.2
Pediatrics	8,811	887	5.4	6.7
Eye, ear, nose, and throat	10,375	791	6.3	6.0
Radiology	4,070	662	2.5	5 0
Orthopedics	4,009	469	2 4	3.5
Urology	3,346	386	2.0	2 9
Neuropsychiatry	7,394	281	4.5	2.1
Dermatology	2,512	263	1.5	2 0
Pathology	1,597	220	1.0	1.6
All other	11,907	885	7.2	6.7

[1]From—American Medical Association. Weekly Report on Distribution of Physicians by Type of Practice. Mid-1960. Figures not available for 1959.

CHAPTER VI

Other Health Personnel in Groups

Since group practice facilitates joint use of personnel in allied health fields, the 1959 survey sought information on the employment of such staff by the groups covered in the study. This chapter reports the findings of the survey on the various types of personnel on which data were obtained: dental personnel, nursing personnel, X-ray and laboratory technicians, physical therapists, social workers, and others. Findings on dentists and professional nurses in multispecialty and general practice groups with three or more full-time physicians are compared with information on these types of personnel in the groups covered in the 1946 Public Health Service survey.

Dental Personnel

Of the multispecialty and general practice groups, 79 or 6 percent had either full- or part-time dentists. The full- or part-time dentists associated with these 79 groups numbered 185, or an average of 2 dentists per group. About two-thirds of the dentists were on a full-time basis. Among the single specialty groups, only one, a pediatrics group, had a dentist. (Table 32.)

In general the proportion of groups having dentists increased as the size of the groups rose. Thus only 1 percent of the multispecialty and general practice groups with 3–5 full-time physicians included one or more dentists on the staff, while in groups with 26 or more physicians the proportion was 30 percent (chart 14). The fact that a fairly high share of groups with less than three full-time physicians had dentists (about 15 percent) reflected the presence among these groups of a considerable number containing many part-time physicians. Forty-five of the 47 dentists associated with groups having less than three full-time physicians were themselves on a part-time basis. (Table 32).

Dental hygienists were employed by 39 multispecialty and general practice groups, or 3 percent of the total. As in the case of the dentists, the groups having dental hygienists were mainly larger in size. Nearly half of the groups with dental hygienists, employing half of the dental hygienists who

worked for groups, had 11 or more full-time physicians. Some of the "group" dental hygienists worked for groups that did not have a dentist on the staff. None of the single specialty groups included in the survey employed any dental hygienists. (Table 32).

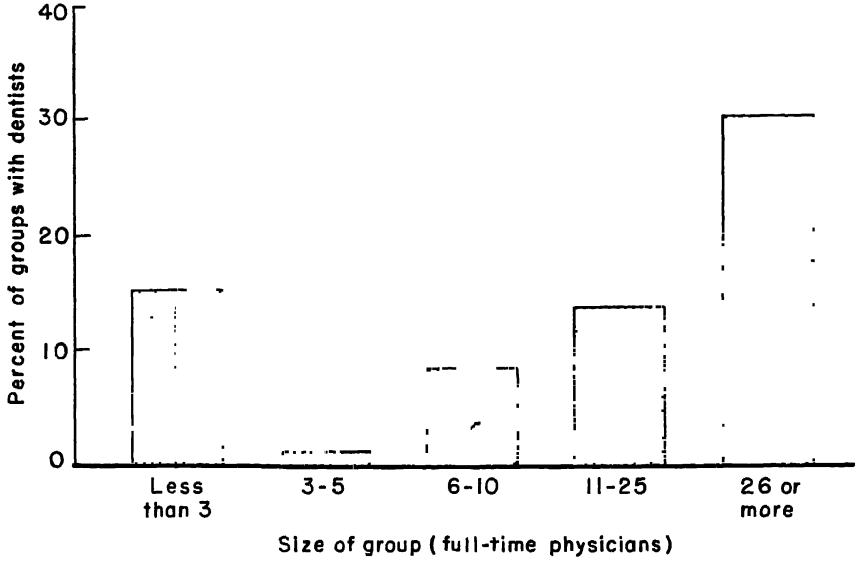
The number of groups having dentists was higher in the Middle Atlantic and East North Central divisions than elsewhere in the Nation, both in absolute terms and in relation to the total numbers of groups located there. The Middle Atlantic division, with dentists in 17 percent of its multispecialty and general practice groups, was at a level about three times the national average of 6 percent. In most of the western divisions of the country, by contrast, the proportion of groups with dentists was well below the national average. Of the 176 multispecialty and general practice groups in the Pacific division, only one reported a dentist on the staff. (Table 33.)

Table 32. Dentists and dental hygienists in medical groups, by type and size of group: 1959

Item	All sizes	Size of group (full-time physicians)				
		Less than 3	3-5	6-10	11-25	26 or more
	Multispecialty and general practice groups					
Number of groups with dentists:						
Either full or part time	79	11	8	23	23	14
Full time	62	1	6	19	22	14
Part time	21	11	3	5	2	0
Percent of groups with either full- or part-time dentists.	6.4	14.9	1.2	8.2	13.6	30.4
Number of full-time dentists.	123	2	14	28	38	41
Number of part-time dentists.	62	45	6	5	6	0
Dentists per group[1]	2.3	4.3	2.5	1.4	1.9	2.9
Number of groups with dental hygienists.	39	4	8	10	9	8
Percent of groups with dental hygienists.	3.2	5.4	1.2	3.6	5.3	17.4
Number of dental hygienists.	57	6	11	11	10	19
	Single specialty groups					
Number of groups with dentists:						
Full time[2]	1	0	1	0	0	0
Percent of groups with dentists.	0.3	.....	0.3	.....	.....	.....
Number of full-time dentists.	1	0	1	0	0	0

[1]Based on full- and part-time dentists in groups with dentists.
[2]There were no part-time dentists in single specialty groups.

Chart 14. Proportion of multispecialty and general practice groups with dentists, by size of group: 1959



Source: Table 32.

Table 33. Multispecialty and general practice groups with dentists, by geographic division: 1959

Geographic division	Number of groups with dentists	Percent of groups with dentists
United States	79	6.4
New England	2	9 5
Middle Atlantic	15	17.0
South Atlantic	10	9.8
East South Central	4	4.9
West South Central	13	6 9
East North Central	22	11.4
West North Central	10	3 4
Mountain	2	2.4
Pacific	1	0 6

Groups in metropolitan counties were more likely to have a dentist on the staff than were groups in adjacent or isolated counties. In metropolitan counties, 10 percent of the groups had a full- or part-time dentist; in adjacent counties 5 percent of the groups, and in isolated counties, 3 percent. More than two-thirds of the dentists who were associated with groups on a full-time basis were in groups in metropolitan counties, as were about nine-tenths of the part-time dentists.

Nursing Personnel

Eighty-four percent of the multispecialty and general practice groups and 64 percent of the single specialty groups employed one or more professional nurses. While the proportion of groups with nurses was generally high, regardless of group size, there was a tendency for the proportion to rise as size of group increased. The average number of nurses per group having such staff was higher for multispecialty and general practice groups (5.1) than for the generally smaller single specialty groups (2.3). (Table 34.)

Table 34. Professional nurses in medical groups, by type and size of group: 1959

Size of group (full-time physicians)	Groups with professional nurses		Number of professional nurses	Professional nurses per group [1]
	Number	Percent		
	Multispecialty and general practice groups			
All sizes	1,034	84.2	5,288	5.1
Less than 3	58	78.4	177	3.1
3-5	512	77.6	1,275	2.5
6-10	256	91.8	1,041	4.1
11-15	84	95.5	593	7.1
16-25	80	98.8	823	10.3
26 or more	44	95.7	1,379	31.3
	Single specialty groups			
All sizes	254	64.3	587	2.3
Less than 3	0	. .	0	. . .
3-5	229	65 2	496	2.2
6-10	21	56.8	77	3.7
11-15	3	100.0	10	3.3
16-25	1	100.0	4	4.0
26 or more	0	. . . .	0	. . . .

[1]Based on groups with professional nurses.

Table 35. Nursing personnel in medical groups, by type of personnel, type of county, and type of group: 1959

Type of personnel and type of county	Multispecialty and general practice groups with specified personnel		Single specialty groups with specified personnel	
	Number	Percent	Number	Percent
Professional nurses: All types	1,034	84.2	254	64.3
Metropolitan	476	88.3	205	62.5
Adjacent	174	84.9	20	80.0
Isolated	384	79.3	29	69.0
Licensed practical nurses: All types	448	36.5	43	10.9
Metropolitan	191	35.4	37	11.3
Adjacent	69	33.7	3	12.0
Isolated	188	38.8	3	7.1
Nursing aides: All types	586	47.7	122	30.9
Metropolitan	240	44.5	92	28.0
Adjacent	106	51.7	13	52.0
Isolated	240	49.6	17	40.5

Although the use of subprofessional nursing personnel by groups was less widespread than the use of professional nurses, 36 percent of the multispecialty and general practice groups employed licensed practical nurses and a somewhat larger proportion, 48 percent, employed nursing aides. Among single specialty groups, 11 percent had practical nurses and 31 percent, nursing aides. The average number of practical nurses or nursing aides per group having such personnel was three in both cases for multispecialty and general practice groups, two for single specialty groups. In general, the larger the size of the multispecialty and general practice group, the more likely it was to employ practical nurses or nursing aides. (Appendix tables 23 and 24).

Even in isolated counties, four-fifths of the multispecialty and general practice groups had at least one professional nurse. The proportions of groups having practical nurses or nursing aides were generally higher in isolated and adjacent counties than in metropolitan counties. (Table 35.)

Technicians, Therapists, Social Workers

Among the other types of personnel on which information was specifically collected on the 1959 survey questionnaire, the most commonly employed

were X-ray or laboratory technicians. Sixty-five percent of multispecialty and general practice groups and 34 percent of the single specialty groups had an X-ray technician; the corresponding figures for laboratory technicians were 76 percent and 32 percent. The proportion of groups having one or more physical therapists was lower, while social workers were found in only a few groups. (Table 36.)

Table 36. Selected types of auxiliary health personnel in medical groups, by type of group: 1959

Type of personnel and type of group	Groups with specified personnel		Number of personnel of specified type	Personnel per group[1]
	Number	Percent		
X-ray technicians:				
Multispecialty and general practice	803	65.4	1,651	2.1
Single specialty	133	33.7	324	2.4
Laboratory technicians:				
Multispecialty and general practice	928	75.6	2,819	3.0
Single specialty	125	31.6	216	1.7
Physical therapists:				
Multispecialty and general practice	222	18.1	444	2.0
Single specialty	38	9.6	78	2.1
Social workers:				
Multispecialty and general practice	41	3.3	96	2.3
Single specialty	5	1.3	14	2.8

[1]Based on groups with specified type of personnel.

Large-sized groups were more likely to employ technicians, therapists, or social workers than were small-sized groups. Nearly three-quarters of the multispecialty and general practice groups with 26 or more full-time physicians had a physical therapist, compared with scarcely one-sixteenth of the groups with 3 to 5 full-time physicians. The same general pattern prevailed for employment of social workers. The effect of group size was least pronounced for technicians, with half of the multispecialty and general practice groups with 3 to 5 full-time physicians having an X-ray technician and nearly two-thirds, a laboratory technician. (Appendix table 25.)

Other Health Personnel

Information provided by the medical groups on types of health personnel not listed in the survey questionnaire gives an idea of the wide variety of other auxiliary workers used by some groups. Among the multispecialty and

general practice groups, 33 or about 3 percent of the total employed one or more pharmacists. Dietitians were found in 15 groups, medical record librarians in 14, opticians in 10, optometrists in 7, and psychologists in 5 groups. Other allied personnel employed by a few groups were X-ray and laboratory aides or trainees, optical technicians of various types, occupational therapists, medical artists or photographers, industrial hygienists, biochemists, dental technicians or assistants, medical assistants, and audiologists, among others.

Additional allied health personnel in single specialty groups were concentrated mainly in eye, ear, nose, and throat groups, at least a dozen of which made use of opticians, other optical technicians, or audiometric personnel. A few internal medicine groups employed dietitians and laboratory aides. The special help retained by certain orthopedic groups included medical photographers, surgical technicians, bracemakers, and plaster men. A few psychiatric groups had psychologists or occupational therapists on their staffs. Medical record librarians were employed by single specialty groups in several different fields.

Both in multispecialty and general practice groups and in single specialty groups, the employment of the more specialized types of allied health personnel tended to be correlated with group size. However, there were exceptions to this pattern. A number of comparatively small multispecialty and general practice groups, for example, had a pharmacist on the staff. Several of the eye, ear, nose, and throat groups employing opticians or other aides consisted of only three or four full-time physicians.

Comparison With 1946

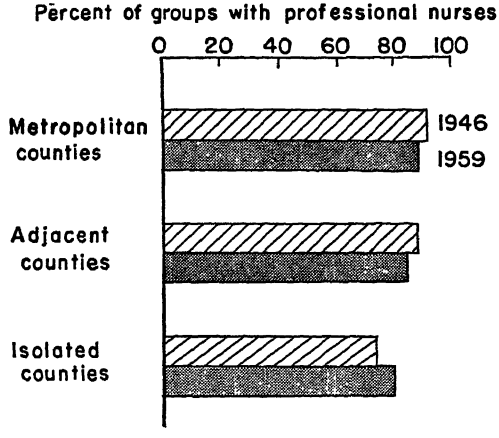
Among multispecialty and general practice groups with three or more full-time physicians, the proportion having a dentist on the staff was markedly lower in 1959 than it had been in 1946. On the other hand, the extent of professional nurse employment by groups changed little during this period.

In 1946, 88 out of the 368 groups included in that survey had a dentist practicing with them (5). By 1959, not only was the proportion of groups having either a full-time or part-time dentist on the staff lower than it was in 1946 (6 percent, compared with 24 percent), but the actual number of groups with a dentist had declined from 88 to 68.

Professional nurses were employed by 301 of the groups included in the 1946 survey, or by about 82 percent of the total. The average number of nurses employed by these groups was 4.9 (5). In 1959 the percentage of multispecialty and general practice groups with three or more full-time physicians which had a professional nurse was about the same—85 percent; as was the average number of nurses in groups having such staff—5.2.

There was some trend between 1946 and 1959 toward a more widespread employment of professional nurses by groups in isolated counties. While the proportions of metropolitan and adjacent county groups having a professional nurse were about 90 percent in both years, among groups in isolated counties the proportion increased from 73 percent to 80 percent during the period. (Chart 15.)

Chart 15. Change in proportion of medical groups employing professional nurses, by type of county: 1946 and 1959



Multispecialty and general practice groups with three or more full-time physicians

Source: Table 35 and reference 5.

CHAPTER VII

Forms of Group Organization

While specific organizational requirements were not included in the definition of a group in this survey, six main forms of organization were found to exist. This chapter discusses the forms of organization as they occurred among the various types and sizes of group. For groups in which all physicians were employed, the main types of employer are described. Findings on the form of organization of multispecialty and general practice groups with three or more full-time physicians are compared with the findings on this type of group in the 1946 Public Health Service survey.

Main Organizational Forms

The main organizational forms into which the groups in the 1959 survey could be classified were: (1) partnerships consisting entirely of partners; (2) partnerships including both partners and also one or more employed physicians; (3) associations of physicians, consisting entirely of associates; (4) associations of physicians, including both associates and also one or more employed physicians; (5) single owners plus employed physicians; and (6) groups in which all of the physicians are employed.

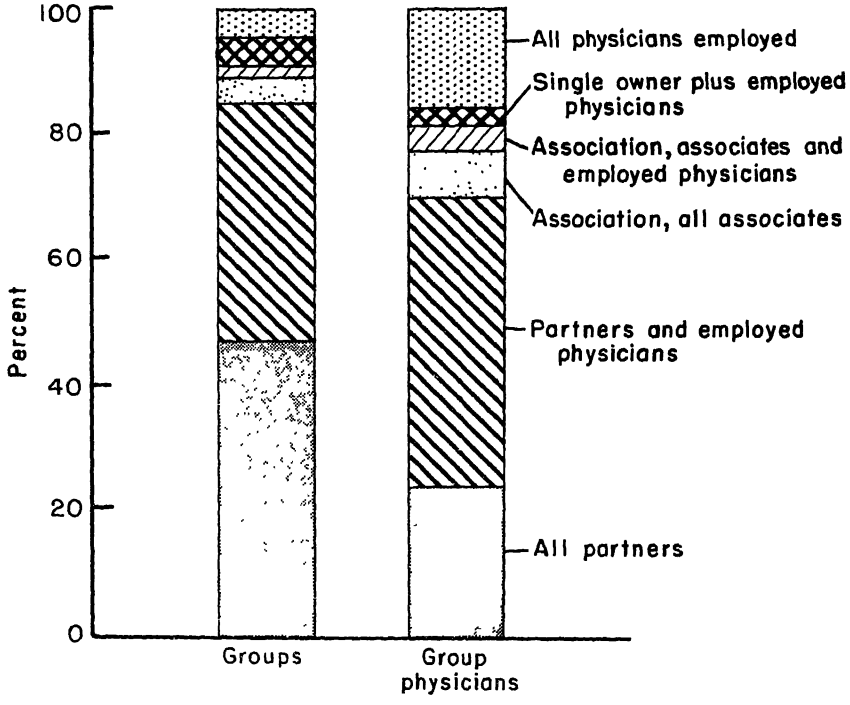
From one point of view, all associations of physicians might have been classified as consisting entirely of employed physicians. Even the "associates" in an association are legally employees of the clinic established as part of the organization of the association. However, the employer-employee relationship for an associate in an association is enough different from the relationship between a conventional type of employer and employee that it was felt desirable in this study to treat associations as separate from those groups in which all physicians were employed by an outside organization.[1]

[1] A description of the association form of medical group, noting the main differences between an association and a partnership, may be found in reference *13*.

Distribution of Groups and Group Physicians

Forty-seven percent of the 1,623 groups included in the survey, accounting for about a quarter of the group physicians, consisted entirely of partners. Another 38 percent of the groups, including a proportionately greater share of the physicians, were partnerships with some employed physicians. The two categories of association—those with associates only and those with employed physicians as well—accounted together for about 6 percent of the groups but nearly twice that proportion of the group physicians. (Chart 16.)

Chart 16. Distribution of medical groups and of group physicians, by form of group organization: 1959



Source: Tables 37 and 38.

Table 37. Distribution of medical groups, by form of group organization and type of group: 1959

Form of group organization	All groups	Multispecialty and general practice groups	Single specialty groups
	Number of groups		
All forms	1,623	1,228	395
All partners	763	472	291
Partners and employed physicians	623	545	78
Association, all associates	65	54	11
Association, associates and employed	27	25	2
Single owner plus employed physicians	72	60	12
All physicians employed	73	72	1
	Percent of groups		
All forms	100.0	100.0	100.0
All partners	47.0	38.4	73.7
Partners and employed physicians	38.4	44.4	19.7
Association, all associates	4.0	4.4	2.8
Association, associates and employed	1.7	2.0	0.5
Single owner plus employed physicians	4.4	4.9	3.0
All physicians employed	4.5	5.9	0.2

The remaining 9 percent of the groups were divided about equally between single owners plus employed physicians and groups in which all physicians were employed. The groups consisting of single owners plus employed physicians, however, accounted for less than 3 percent of the group physicians; in contrast, the groups composed entirely of employed physicians included 16 percent of the group physicians.

Type of Group

Multispecialty and general practice groups were much less likely to be straight partnerships than were single specialty groups. The proportion of single specialty groups organized as straight partnerships (74 percent) was almost twice the proportion of multispecialty and general practice groups (38 percent). Partnerships with employed physicians were more common among multispecialty and general practice groups, as were associations, single owner groups, and groups in which all physicians were employed. (Table 37).

The distribution of group physicians by form of organization in multispecialty and general practice groups and in single specialty groups generally paralleled the distribution of groups. Physicians in multispecialty and general practice groups were relatively more concentrated in partnerships with

employed physicians, associations of physicians, and groups consisting entirely of employed physicians. Straight partnerships accounted for a large majority of the physicians in single specialty groups. (Table 38.)

Limiting the analysis of physicians in multispecialty and general practice groups to full-time physicians, a slightly larger proportion were in partnership groups and a considerably smaller proportion in groups consisting entirely of employed physicians. Most of the part-time physicians (2,500 out of 3,100) were in groups of partners and employed physicians or in groups consisting entirely of employed physicians. More than half of the physicians in the "all employed" groups were on a part-time basis. (Appendix table 26.)

Table 38. Distribution of physicians in 1,623 medical groups, by form of group organization and type of group: 1959

Form of group organization	All groups	Multispecialty and general practice groups	Single specialty groups
	Number of group physicians		
All forms	14,841	13,268	1,573
All partners	3,538	2,447	1,091
Partners and employed physicians	6,893	6,531	362
Association, all associates	1,160	1,111	49
Association, associates and employed	505	484	21
Single owner plus employed physicians	428	388	40
All physicians employed	2,317	2,307	10
	Percent of group physicians		
All forms	100.0	100.0	100.0
All partners	23.8	18.5	69.4
Partners and employed physicians	46 5	49.2	23.0
Association, all associates	7.8	8.4	3.1
Association, associates and employed	3.4	3.6	1.3
Single owner plus employed physicians	2.9	2.9	2.6
All physicians employed	15.6	17.4	0.6

Size of Group

Among multispecialty and general practice groups, some relationship existed between form of organization and size of group, although there was wide variation in almost every category. Straight partnerships and single owner groups tended to be small. More than three-quarters of these groups had 5 or fewer full-time physicians and most of the remainder had no more than 10 physicians. Proportions of larger groups were higher for other

forms of organization. In the two types of associations and in "all employed" groups, one-fifth to one-third had 16 or more full-time physicians. (Appendix table 27.)

Looking at these same statistics along another axis, a third of the multispecialty and general practice groups with less than three full-time physicians were partnerships with employed physicians and another third were groups in which all physicians were employed. Partnerships of one kind or the other predominated among groups with three to five full-time physicians, accounting for nine-tenths of these groups. As size of group increased, associations and groups in which all physicians were employed became increasingly common. Almost a quarter of the groups with 26 or more physicians included employed physicians only.

The distribution of group physicians among various sizes of group also differed according to form of group organization. Whereas for all multispecialty and general practice groups only 22 percent of the group physicians were in groups with three to five full-time physicians, for example, the proportion ranged from 54 percent among group physicians in straight partnerships to 6 percent or less for those in associations of physicians. Physicians in associations, partnerships with employed physicians, and groups consisting entirely of employed physicians were more heavily concentrated in large groups, including those with less than three full-time physicians but many part-time physicians. (Appendix table 28.)

Partnerships accounted for between 74 and 84 percent of the physicians in each size of group except those with less than 3 and those with 26 or more full-time physicians. Almost half of the physicians in groups with less than three full-time physicians were in groups consisting entirely of employed physicians. Among physicians in groups with 26 or more full-time physicians, somewhat over 50 percent were in partnerships, 24 percent were in groups with all physicians employed, and 21 percent were in associations. In no size of group did single-owner groups account for more than a small percentage of the physicians in those groups.

Single specialty groups consisted so largely of smaller groups that analysis of form of organization in relation to size of group is probably best limited to a comparison of groups having five or fewer full-time physicians with those having six or more. Only 7 percent of the 291 straight partnerships had six or more full-time physicians. None of the single-owner groups was this large. On the other hand, six or more physicians were found in 19 percent of the 78 partnerships with employed physicians and 31 percent of the 13 associations. The one single specialty group in which all physicians were employed had 10 full-time physicians. (Appendix table 29.)

Types of Employer

Of the 72 multispecialty and general practice groups in which all physicians were employed, 24 or 33 percent were employed by labor unions or affiliated organizations. Industry accounted for another 15 percent of the employed groups. The next most common employers were foundations (14 percent of the groups), consumer cooperatives (14 percent), and hospitals (12 percent). Only a small proportion of the groups were employed by medical schools (6 percent) or other employers (6 percent). (Table 39.)

Table 39. Number of multispecialty and general practice groups consisting entirely of employed physicians and number of physicians in these groups, by type of employer: 1959

Type of employer	Multispecialty and general practice groups with all physicians employed		Group physicians	
	Number	Percent	Number	Percent
All types	72	100.0	2,307	100.0
Labor union	24	33 3	943	40.9
Industry	11	15.2	137	5.9
Foundation	10	13.9	335	14.5
Consumer cooperative	10	13.9	203	8.8
Hospital	9	12.5	335	14.5
Medical school	4	5.6	272	11.8
Other	4	5.6	82	3.6

Labor unions employed an even higher proportion of the physicians in employed groups than they did of the groups themselves—41 percent, compared with 33 percent. This was because of the comparatively large size of union groups. Other employers accounting for large proportions of the physicians in employed groups were foundations, hospitals, and medical schools. Industrial groups, which tended to be smaller in size, included only 6 percent of the physicians in employed groups.

Most of the physicians employed by labor unions were on a part-time basis. To a lesser extent this was also true of industrial groups. If analysis of the physicians in employed groups is confined to full-time physicians, hospitals and medical schools together accounted for more than 50 percent of the total. Another 22 percent of the full-time physicians worked for foundations. Industry employed only 5 percent of the full-time physicians in employed groups; and labor unions, only 2 percent. (Appendix table 30.)

Comparison With 1946

Both in 1946 and in 1959, the largest proportions of multispecialty and general practice groups with three or more full-time physicians were partnerships, including those with some employed physicians. However, the preponderance of partnerships was even greater in the later year (85 percent) than the earlier (77 percent). In the same period the proportion of groups which were associations also increased, from 2 percent to 7 percent of the total. In contrast, single-owner groups and groups consisting entirely of employed physicians, although increasing slightly in absolute numbers, each decreased as a proportion of all the groups studied. (Table 40.)

Table 40. Distribution of multispecialty and general practice groups with three or more full-time physicians, by form of group organization: 1946 and 1959

Form of group organization	Number of groups		Percent of groups	
	1946	1959	1946	1959
All forms	368	1,154	100.0	100.0
All partners	118	462	32.1	40.0
Partners and employed physicians	165	520	44.8	45.1
Association, all associates	6	52	1.6	4.5
Association, associates and employed	0	24	.....	2.1
Single owner plus employed physicians	36	50	9.8	4.3
All physicians employed	43	46	11.7	4.0

CHAPTER VIII

Corporate Status

The opportunity to acquire corporate status, at least for certain purposes, may be afforded by the establishment of medical groups. This chapter discusses the extent of incorporation[1] for the practice of medicine, for physical assets, and for tax purposes among groups included in the 1959 survey. Findings for multispecialty and general practice groups are compared with those for single specialty groups. Variations by State in extent of incorporation receive attention. Relations between extent of incorporation and size of group are examined, as are those between extent of incorporation and form of group organization.

Purpose of Incorporation

Somewhat less than half of the groups reporting on corporate status in the 1959 survey were incorporated for one or more of the three purposes listed on the questionnaire. Groups incorporated for physical assets were the most numerous—30 percent of all groups. Twenty-three percent of the groups were incorporated for the practice of medicine. The number incorporated for purposes of taxation was 12 percent of the total. (Table 41.)

A substantial majority of the incorporated groups were reported as incorporated for one of the three specified purposes only. Of these, 236 groups were incorporated for physical assets alone, 181 groups for the practice of medicine alone, and 15 groups for tax purposes alone. Another 150 groups were incorporated for a combination of two of these purposes. The number of groups incorporated for all three purposes was only 91. These groups represented 6 percent of all the groups reporting. (Appendix table 31.)

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[1] The data reported here are based on the replies by the groups to the question about corporate status in the survey questionnaire. Because of the complexity of laws governing corporate status in the various States, some groups may have found this question difficult to answer accurately.

Table 41. Distribution of medical groups, by corporate status and type of group: 1959

Corporate status	All groups	Multispecialty and general practice groups	Single specialty groups
	Number of groups		
Total groups	1,623	1,228	395
Incorporated[1]	673	559	114
For practice of medicine	352	279	73
For physical assets	469	392	77
For tax purposes	184	146	38
Not incorporated	879	618	261
Not reported	71	51	20
	Percent of groups		
Total groups with corporate status reported.	100.0	100.0	100.0
Incorporated[2]	43.4	47.5	30.4
For practice of medicine	22.7	23.7	19.5
For physical assets	30.2	33.3	20.5
For tax purposes	11.9	12 4	10.1
Not incorporated	56.6	52.5	69.6

[1]Figures add to more than total incorporated because they are not mutually exclusive.
[2]Percentages add to more than total incorporated because they are not mutually exclusive.

Type of Group

Multispecialty and general practice groups were somewhat more likely to be incorporated than were single specialty groups. Forty-seven percent of the former were incorporated for at least one purpose, compared with 30 percent of the latter. The difference between the two types of group was greatest in the proportion incorporated for physical assets. In both types of group, incorporation for tax purposes was least common. (Table 41.)

The proportion of incorporated groups having corporate status for only one of the three specified purposes was higher among multispecialty and general practice groups than among single specialty groups. On the other hand, there was no difference between the proportion of the two types of group reported as incorporated for all three purposes—6 percent in each case. (Appendix table 31.)

State

All but 1 (Maine) of the 49 States having medical groups contained at least one group which reported itself incorporated for one or more purposes. Incorporation for the practice of medicine was the most widespread geographically, being reported in 46 States; 45 States had groups incorporated for physical assets; and 42 States had groups incorporated for tax purposes. Variation existed from State to State in the proportion of all groups incorporated; however, the numbers of groups involved generally were too small to permit the discernment of differences related to variations in State laws or other factors. (Appendix table 32.)

Size of Group

The proportion of groups having corporate status showed some tendency to rise as size of group increased. Among multispecialty and general practice groups, about half of the large groups were incorporated for physical assets, compared with nearer a quarter of the small groups. A somewhat similar relationship existed between size of group and incorporation for purposes of taxation, although the amount of the difference was less. On the other hand, incorporation of multispecialty and general practice groups for the practice of medicine was actually more common among small groups than among large groups. (Appendix table 33).

Form of Group Organization

Associations of physicians and groups consisting entirely of employed physicians were more likely to be incorporated for the practice of medicine than were partnership or single-owner groups. Incorporation for physical assets and incorporation for taxation were most common among associations. (Table 42.)

Table 42. Proportion of medical groups incorporated for different purposes, by type of group and form of group organization: 1959

Type of group and form of group organization	Number of groups	Percent incorporated[1] for:		
		Practice of medicine	Physical assets	Purposes of taxation
Multispecialty and general practice:				
All forms	1,228	23.7	33.3	12.4
All partners	472	23.5	26.1	9.2
Partners and employed physicians	545	18.1	37.9	6.8
Association, all associates	54	38.8	61.2	69.4
Association, associates and employed	25	48.0	68.0	88.0
Single owner plus employed physicians.	60	21.2	5.8	.....
All physicians employed	72	53.2	33.9	19.4
Single specialty:				
All forms	395	19.5	20.5	10.1
All partners	291	18.2	18.2	8.0
Partners and employed physicians	78	17.3	20.0	9.3
Association[2]	13	53.8	84.6	69.2
Single owner plus employed physicians.	12	18.2	9.1	.....
All physicians employed	1	100.0	.....	.....

[1]Excluding groups with corporate status not reported.
[2]11 of these consist of all associates and 2 have some associates and some employed physicians.

CHAPTER IX

Method of Income Distribution

Although many different methods of pooling and redistributing income have been devised by medical groups, three main types are: share of net only, salary plus share of net (including bonuses), and salary only. This chapter describes the extent to which the groups studied in 1959 used these methods in distributing income to their members. The methods used in multispecialty and general practice groups and in single specialty groups are compared. For multispecialty and general practice groups, methods of income distribution are viewed in relation to group size and form of group organization. Findings from the present survey on methods of income distribution are compared with findings from the 1946 Public Health Service survey.

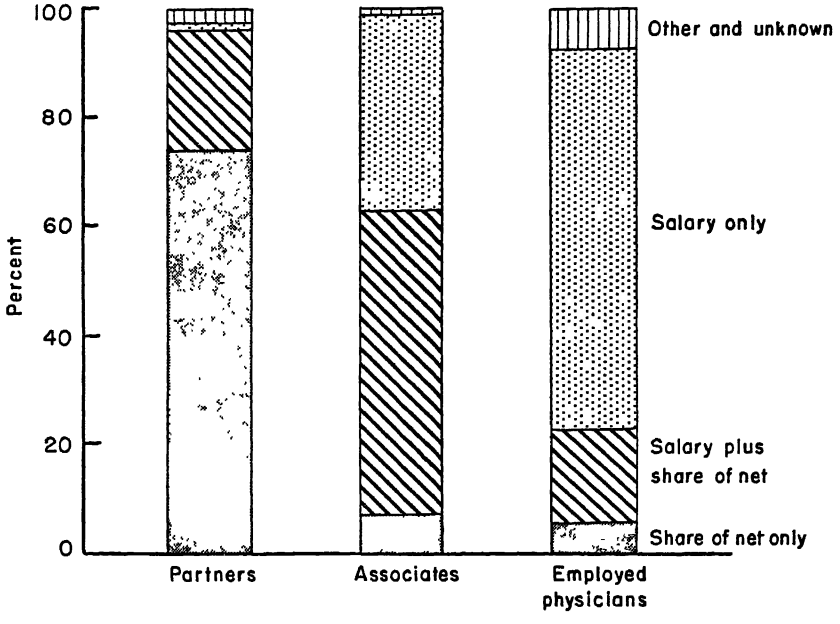
Relationship of Physician to Group

Methods of income distribution used by the groups included in the 1959 survey were analyzed separately for partners, associates, and employed physicians. Three-quarters of all the partners covered in the study were paid a share of the group's net income only. The second most common method of income distribution for partners was salary plus a share of net. Only a few partners were paid a salary only. (Chart 17 and table 43.)

Salary plus a share of net was the most common method of payment for associates, nearly three-fifths of whom were paid on this basis. Another fairly sizable proportion of associates—over one-third of the total—received a salary only. Only 7 percent of the associates were paid a share of net only.

Employed physicians—including those in partnerships and associations as well as those in single owner and "all employed" groups—were usually paid a salary only. Seventy percent of all employed physicians were paid by this method. The method of paying a salary plus a share of net was used for 18 percent of the employed physicians; and share of net only, for 6 percent.

Chart 17. Method of income distribution for partners, associates, and employed physicians in medical groups: 1959



Source: Table 43.

Type of Group

Single specialty groups were more likely than multispecialty and general practice groups to pay partners a share of net only. Share of net as a method of income distribution for associates was also more common among single specialty groups, if generalization is possible on the basis of experience in a small number of groups. Single specialty groups showed less tendency than did multispecialty and general practice groups to pay employed physicians a salary only. (Table 43.)

Size of Group

In multispecialty and general practice groups, the method of paying partners a salary plus a share of net increased in prevalence as size of group increased. Small associations were more likely to pay members a share of net only, than were large associations. Among groups employing physicians,

Table 43. Distribution of group physicians, by type of physician, method of income distribution, and type of group: 1959

Type of physician and method of income distribution	Number of group physicians [1]			Percent of group physicians		
	All groups	Multispecialty and general practice groups	Single specialty groups	All groups	Multispecialty and general practice groups	Single specialty groups
Partners:						
All methods	7,866	6,525	1,341	100.0	100.0	100.0
Share of net only	5,821	4,634	1,187	74.0	71.0	88.5
Salary plus share of net	1,740	1,626	114	22.1	24.9	8.5
Salary only	103	90	13	1.3	1.4	1.0
All other and not reported	202	175	27	2.6	2.7	2.0
Associates:						
All methods	1,263	1,212	51	100.0	100.0	100.0
Share of net only	85	71	14	6.8	5.9	27.5
Salary plus share of net	710	690	20	56.2	56.9	39.2
Salary only	455	438	17	36.0	36.1	33.3
All other and not reported	13	13	0	1.0	1.1	.....
Employed physicians:						
All methods	4,879	4,734	145	100.0	100.0	100.0
Share of net only	275	260	15	5.6	5.5	10.3
Salary plus share of net	855	823	32	17.5	17.4	22.1
Salary only	3,419	3,350	69	70.1	70.8	47.6
All other and not reported	330	301	29	6.8	6.3	20.0

[1] Excludes 661 physicians whose status was not reported and 72 physicians who are owners of groups.

the proportion paying a salary only was slightly higher in large groups, including groups having less than three full-time physicians but often large numbers of part-time physicians. (Appendix table 34.)

Form of Group Organization

In multispecialty and general practice groups, partners in groups consisting entirely of partners were more likely to be paid a share of net only than were partners in groups including also some employed physicians. The proportion of associates receiving a salary only was higher in "straight" associations than in associations with employed physicians as well. Over 85 percent of employed physicians in groups consisting entirely of employed physicians were paid a salary only; in contrast, among employed physicians in single-owner groups, only 40 percent received this form of income. (Appendix table 35.)

Comparison With Earlier Study

Although the mailed questionnaire used by the Public Health Service in 1946 did not include a question on method of income distribution, information on this subject was obtained from 102 groups visited personally by representatives of the Service in 1947. Both in 1947 and in 1959, the prevailing method of income distribution for partners was a share of net income only. Salary only was the main method of payment to employed physicians in 1947 as in 1959. In both survey periods, the proportion of groups with employed physicians which paid these physicians salaries only tended to increase as size of group rose (*5*).

CHAPTER X

Hospital Ownership and Control

For some groups, ownership or administrative control of a hospital may help assure the physicians in the group of needed bed space. This chapter describes the extent to which the groups included in the 1959 survey owned or controlled hospitals. The relation between hospital ownership or control and such factors as type of group, type of county, size of group, and form of group organization is examined. Information is presented on the size of the hospitals owned or controlled. Hospital ownership or control by multispecialty and general practice groups with three or more full-time physicians in 1959 is compared with that of the groups studied in 1946.

Type of Group

One hundred and thirty-one medical groups included in the 1959 survey owned a hospital. Another 67 groups did not own a hospital but controlled one administratively. Altogether, therefore, 198 groups or about 12 percent of the total respondents owned or controlled a hospital. (Table 44.)

Rates of hospital ownership and control were markedly higher among multispecialty and general practice groups than among single specialty groups. About 15 percent of all multispecialty and general practice groups owned or controlled a hospital, compared with 3 percent of the single specialty groups. In both types of group, almost twice as many groups owned a hospital as controlled one.

Type of County

Groups in rural areas were somewhat more likely to own or control a hospital than were groups in cities. Confining the analysis to multispecialty and general practice groups, hospital ownership or control was found in about 20 percent of the groups in isolated and adjacent counties, compared

Table 44. Hospital ownership or control by medical groups, by type of group: 1959

Relation with hospital	All groups	Multispecialty and general practice groups	Single specialty groups
	Number of groups		
Total	1,623	1,228	395
Hospital owned by group	131	123	8
Hospital not owned but controlled administratively.	67	62	5
No hospital owned or controlled	1,418	1,036	382
Not reported	7	7	0
	Percent of groups		
Total with relationship reported	100.0	100.0	100.0
Hospital owned by group	8.1	10.1	2.0
Hospital not owned but controlled administratively.	4.1	5.1	1.3
Hospital neither owned not controlled.	87.8	84.8	96.7

with 10 percent of the groups in metropolitan counties. Among groups which did have a relation with a hospital, on the other hand, the proportion owning a hospital as compared with the proportion exercising administrative control was about the same (two to one) in all three types of county. (Table 45.)

Table 45. Hospital ownership or control by multispecialty and general practice groups, by type of county: 1959

Relation with hospital	All types	Type of county		
		Metropolitan	Adjacent	Isolated
Number of groups	1,228	539	205	484
Percent of groups [1]				
Total	100 0	100 0	100 0	100 0
Hospital owned by group	10 1	6 3	11 8	13 5
Hospital not owned but controlled administratively.	5.1	3.4	6 8	6.2
No hospital owned or controlled.	84 8	90 3	81.4	80.3

[1]Excludes 7 groups for which relation with hospital was not reported.

Size of Group

Hospital ownership or control was slightly more common among large groups than among small groups. In multispecialty and general practice groups, the proportion with a hospital relationship of one kind or the other was 22 percent among groups with 26 or more full-time physicians, compared with 16 percent of the groups with 3 to 5 full-time physicians. (Appendix table 36.)

Among groups having an association with a hospital, the proportion owning the hospital tended to decrease as size of group increased, while the proportion exercising administrative control tended to increase. Whereas in all multispecialty and general practice groups combined there were two groups owning hospitals for every one controlling hospitals administratively, the ratio of "owners" to "controllers" ranged from 7 to 1 in groups with less than 3 full-time physicians to less than 1 to 1 in groups with 26 or more full-time physicians.

Form of Group Organization

Groups consisting of a single owner plus employed physicians or of employed physicians only were more likely to own or control a hospital than were partnership groups or associations. The single-owner groups, if they had a hospital relationship, usually owned their own hospital. Administrative control of a hospital was the more common pattern among groups with all physicians employed. (Appendix table 37.)

Size of Hospital

Hospitals owned or controlled administratively by medical groups tended to be small, with size varying according to the number of full-time

Table 46. Size of hospitals owned or controlled administratively by multispecialty and general practice groups: 1959

Size of hospital (number of beds)	Number of hospitals	Percent of hospitals
All sizes	185	100.0
Less than 25	43	24.6
25–49	70	40.0
50–99	39	22.3
100 and over	23	13.1
Not reported	10	.....

Table 47. Hospital ownership or control by multispecialty and general practice groups with three or more full-time physicians, by form of group organization: 1946 and 1959

Form of organization	1946	1959
Number of groups owning or controlling a hospital	117	185
Percent of total groups:		
All forms	32	15
All partners	28	14
Partners and employed physicians	30	14
Single owner plus employed physicians	25	22
All physicians employed[1]	49	25

[1]Includes corporate groups.

physicians in the group and to the group's location. Of the 185 hospitals associated with multispecialty and general practice groups, 65 percent had fewer than 50 beds and only 13 percent had 100 or more beds (table 46). The preponderance of small hospitals was particularly great among hospitals located in isolated counties and those owned or controlled by small groups.

Comparison With 1946

The proportion of multispecialty and general practice groups with three or more full-time physicians that owned or controlled a hospital was only about half as great in 1959 (15 percent) as it had been among the groups studied by the Public Health Service in 1946 (32 percent). Both in 1946 and in 1959, groups with all employed physicians were more likely to own or control a hospital than were groups with other forms of organization. (Table 47.) Hospital relationships generally were more common among large groups than among small groups in 1946 as in 1959. In both years groups in isolated counties or small towns were more likely to own or control a hospital than were groups in highly urbanized areas.

CHAPTER XI

Scope of Group Activity

The questionnaire used in the 1959 survey included an item on the primary or principal activity of the group: general medical care to a continuing clientele, consultation or referral service, and diagnosis only. This chapter analyzes the distribution of the groups by scope of activity as inferred from answers to this question. Scope of activity is discussed in relation to type of group, type of county, size of group, and specialty composition of group. Findings on multispecialty and general practice groups with three or more full-time physicians are compared with findings on this type of group in the 1946 Public Health Service survey.

Kind of Activity

Eighty-three percent of the groups reporting on scope of activity in the 1959 survey provided general medical care to a continuing clientele (table 48.) This included groups giving general medical care only as well as those doing diagnostic and referral work also. Most of the groups providing a combination of general medical care and other services were engaged primarily in the general medical care activity.

Of the remaining 17 percent of the groups, the majority provided consultation and referral service only. A smaller number of groups engaged in both diagnostic and referral work, and a few confined their activity to diagnosis.

Information on whether or not a group provided general medical care was used as reported by the multispecialty and general practice groups. All single specialty groups except those in internal medicine and pediatrics were assumed to provide referral or diagnostic services only.

Type of Group

The proportion of groups devoting all or part of their time to general medical care was much larger among multispecialty and general practice

groups than among single specialty groups. Whereas 97 percent of the multispecialty and general practice groups provided general medical care, the rate for single specialty groups was only 33 percent. (Table 48.)

Consultation or referral groups were found mainly among single specialty groups. Such activity occupied the full time of 48 percent of the single specialty groups. Another 18 percent of the single specialty groups engaged in a combination of referral and diagnostic work.

Groups confining their activity to diagnosis constituted over one-fifth of the multispecialty and general practice groups with less than three full-time physicians. Accounting for this high proportion were mainly a number of union-sponsored groups with large staffs of part-time physicians. Neither in multispecialty and general practice groups with three or more full-time physicians nor in single specialty groups did the proportion of diagnostic groups exceed 1 percent.

Type of County

Multispecialty and general practice groups engaging in consultation or diagnosis only were located predominantly in metropolitan counties. Only 5 out of 35 such groups reporting in the 1959 survey were located in adjacent

Table 48. Scope of activity of medical groups, by type of group: 1959

Scope of activity of group	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
	Number of groups				
Total	1,623	1,228	1,154	74	395
General medical care	1,307	1,189	1,131	58	118
Consultation or referral service only.	183	12	12	0	171
Diagnosis only	23	19	3	16	4
Referral and diagnosis only	67	4	4	0	63
Not reported	43	4	4	0	39
	Percent of groups				
Total known activity	100 0	100 0	100 0	100.0	100.0
General medical care	82.7	97 1	98 3	78.4	33.2
Consultation or referral service only.	11.6	1.0	1.0	.....	48.0
Diagnosis only	1.5	1.6	0 3	21.6	1.1
Referral and diagnosis only	4.2	0.3	0.4	.....	17.7

or isolated counties. Consultative and diagnostic groups represented 6 percent of all multispecialty and general practice groups in metropolitan counties; the percentages in adjacent or isolated counties were 1 percent or less. Most single specialty groups were located in metropolitan counties, whatever the scope of activity of these groups.

Size of Group

Consultative and diagnostic groups tended to be larger than general medical care groups. A larger-than-average proportion of the consultative and diagnostic groups had a high number of full-time physicians. Among the groups with fewer full-time physicians, most had substantial numbers of part-time physicians. Groups consisting primarily of part-time physicians were generally more common among consultative and diagnostic groups than among general medical care groups.

Specialty Composition of Group

Among multispecialty and general practice groups, those consisting entirely of specialists included a higher proportion of consultative or diagnostic groups, as might be expected. Eight percent of the all-specialist groups were thus delimited in their scope of activity. In contrast, the proportion of consultative or diagnostic groups among groups with general practitioners as well as specialists was less than 1 percent, while all groups consisting entirely of general practitioners provided general medical care to a continuing patient population.

Comparison With 1946

The proportion of all multispecialty and general practice groups with three or more full-time physicians which engaged only in consultation or diagnosis was slightly lower in 1959 than it had been at the time of the 1946 Public Health Service survey. Among the groups studied in 1946, 5 percent were consultative or diagnostic groups; this compares with the figure of 2 percent in 1959. The total number of consultative or diagnostic groups reporting in the 1959 survey was the same as the number reporting in 1946. However, in the later year there were many more groups providing general medical care. (Table 49.)

Table 49. Scope of activity of multispecialty and general practice groups with three or more full-time physicians: 1946 and 1959

Scope of activity of group	1946		1959	
	Number of groups	Percent of groups	Number of groups	Percent of groups
Total	368	100.0	1,154	100.0
General medical care	349	94.8	1,131	98.3
Consultation and/or diagnosis only	19	5.2	19	1.7
Not reported	0	.....	4	.....

CHAPTER XII

Groups With Prepayment Plans

Some medical groups in the United States provide care on a prepaid basis. This chapter presents information on multispecialty and general practice groups with prepayment plans surveyed in 1959; only five single specialty groups reported prepayment plans. Groups with prepayment plans are compared with total multispecialty and general practice groups in terms of such characteristics as location, size, specialties provided, form of group organization, and method of income distribution. Trends in the extent of prepayment since the 1946 Public Health Service survey are discussed.

Type of Prepayment Relationship

A total of 129 multispecialty and general practice groups responding in 1959, including 3,676 physicians, were associated with a prepayment plan. Groups operating their own prepayment plans constituted about three-fifths of the prepayment groups and accounted for half of the physicians in these groups. Examples of this kind of group were the Ross-Loos Medical Group in Los Angeles and the Group Health Association in Washington, D.C. Also among these groups were some financed entirely by union welfare funds, employees' associations, or industry.

The other two-fifths of the prepayment groups were predominantly caring for patients for another organization which operated a prepayment plan. They included such groups as the Permanente groups on the West Coast, various United Mine Workers groups, and the groups associated with the Health Insurance Plan of Greater New York, among others.

Affiliation of Groups

Slightly less than half of the 129 groups with prepayment plans were operated by or otherwise associated with labor organizations or industry. Groups on contract with health plans such as the Health Insurance Plan of

Greater New York and the Kaiser Foundation Health Plan constituted another quarter of the prepayment groups. A few prepayment groups were employed by or affiliated with a cooperative organization, and one served university students. The remaining groups reported no outside association.

Prominent among the groups associated with labor or industry were such union-operated groups as those of the St. Louis Labor Health Institute (Teamsters Local 688) and various International Ladies Garment Worker Union health centers. Other groups in this category were operated by joint labor-management boards, by industry alone, or by employees' associations. Groups on contract with union welfare funds or serving primarily patients covered by particular company or union prepayment plans also represented a share of this total.

Proportion of Total Groups and Group Physicians

The 129 groups with prepayment plans represented 11 percent of all reported multispecialty and general practice groups. The proportion of group physicians who were in prepayment groups was higher—28 percent—indicating that prepayment groups tended to be larger-than-average in size. (Table 50.)

Table 50. Multispecialty and general practice groups with prepayment plans, and full- and part-time physicians in these groups, as a percent of total groups and physicians: 1959

Groups and group physicians	All multispecialty and general practice groups	Groups with prepayment plans	
		Number	Percent of total
Groups	1,228	129	10.5
Group physicians:			
Total	13,268	3,676	27.7
Full time	10,149	1,623	16 0
Part time	3,119	2,053	65.8

Part-time group physicians were particularly concentrated in prepayment groups. Two-thirds of all part-time physicians in multispecialty and general practice groups were in groups with prepayment plans, compared with one-sixth of the full-time group physicians.

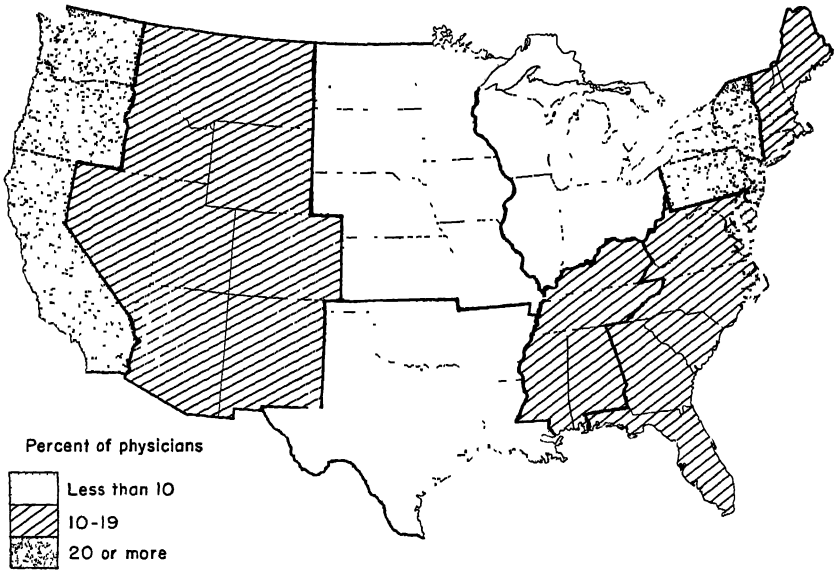
Location

The proportion of multispecialty and general practice groups which had prepayment plans varied from 3 percent in the West North Central division of the country to 51 percent in the Middle Atlantic division. Other divisions besides the Middle Atlantic having higher-than-average proportions of prepayment groups were the Mountain and Pacific Divisions, with 13 and 15 percent of their total groups in this category. (Appendix table 38.)

Similar variations among geographic divisions existed in the proportion of all group physicians who were in prepayment groups. This proportion ranged from 6 percent in the West North Central division to 68 percent in the Middle Atlantic States, compared with the national average of 28 percent. (Chart 18 and appendix table 38.)

The high share of groups with prepayment plans in the Middle Atlantic States was attributable in part to the presence in New York of the numerous large Health Insurance Plan groups. Even excluding HIP groups, however, 30 percent of the groups in the Middle Atlantic division, accounting for 52 percent of the group physicians in that geographic area, provided care on a prepaid basis.

Chart. 18. Physicians in prepayment groups in relation to all physicians in multispecialty and general practice groups, by geographic division: 1959



Source: Appendix table 38.

New York, California, and Pennsylvania alone accounted for 61 or nearly half of the 129 prepayment groups responding. The remaining 68 groups were located in 28 States and the District of Columbia. The 19 States without any prepayment groups were located mainly in the New England, East North Central, West North Central, and South Atlantic divisions.

Location in a metropolitan county was more common among groups with prepayment plans. Seventy-one percent of the 129 prepayment groups were in metropolitan counties, compared with 44 percent of all groups. Despite the tendency for prepayment groups to be located in large cities, however, 31 out of the 129 such groups were in isolated counties.

Size of Group

The average number of full-time physicians in groups with prepayment plans was about 50 percent higher than the average in all multispecialty and general practice groups—12.6 physicians, compared with 8.3. Because of the comparatively large number of part-time physicians in prepayment groups, the difference in average size was even greater when expressed in terms of equivalent full-time physicians (see Chapter IV above). The average prepayment group had more than twice as many equivalent full-time physicians (20.5) as did the average multispecialty and general practice group (9.5).

The proportion of prepayment groups which were in the larger size categories was high. Twenty-five percent of the prepayment groups had 11 or more full-time physicians, compared with 18 percent of all groups. There was also a concentration of prepayment groups in the size category with less than three full-time physicians. (Table 51.) Most of the prepayment groups

Table 51. Distribution of multispecialty and general practice groups with prepayment plans, by size of group: 1959

Size of group (full-time physicians)	Groups with prepayment plans		All multispecialty and general practice groups	
	Number	Percent distribution	Number	Percent distribution
All sizes	129	100.0	1,228	100.0
Less than 3	42	32 6	74	6 0
3–5	28	21.7	660	53.8
6–10	27	20.9	279	22.7
11–15	11	8.5	88	7.2
16–25	12	9.3	81	6.6
26 or more	9	7.0	46	3.7

with less than three full-time physicians, however, had substantial numbers of part-time physicians.

Specialization Among Group Physicians

The degree of specialization among the 3,676 physicians in groups with prepayment plans was almost exactly the same as that among the 13,268 physicians in all multispecialty and general practice groups. In each case, 73 percent of the physicians were full specialists, 23 percent were general practitioners, and 4 percent were partial specialists. The distribution of physicians among individual groups, however, was different for the prepayment groups.

A larger proportion of the groups with prepayment plans included general practitioners. The number of prepayment groups composed of general practitioners only was not large; rather, there was a tendency for the prepayment groups to include a combination of general practitioners and specialists. Nearly three-quarters of the prepayment groups contained both general practitioners and specialists, compared with only about half of all groups.

Groups offering a range of specialized services also were more common among prepayment groups. Almost two-thirds of the 129 prepayment groups included at least general practice or internal medicine, surgery, and obstetrics. In contrast, the proportion of all multispecialty and general practice groups providing this combination of specialties was barely over two-fifths. (Appendix table 39.)

Related Health Personnel

Dentists and other ancillary health personnel were somewhat more likely to be found in prepayment groups than in multispecialty and general practice groups generally. The differences in extent of employment were small in the case of nursing personnel, including professional nurses, licensed practical nurses, and nursing aides. But with dentists, laboratory technicians, X-ray technicians, physical therapists, social workers, and dental hygienists, the proportions of prepayment groups with such staff were markedly higher. (Appendix table 40.)

The greatest difference, relatively, was in the proportion of groups employing social workers. Although only 21 percent of all prepayment groups had social workers on their staffs, this proportion compared with 3 percent for all multispecialty and general practice groups combined. Two-thirds of all groups employing social workers were groups with prepayment plans.

The more extensive use of ancillary personnel by prepayment groups was doubtless related in part to the larger average size of these groups and to their relative concentration in metropolitan counties. As has been noted in Chapter VI, larger groups and groups in cities tended to have more different types of ancillary staff than did other groups.

Form of Group Organization

Although partnerships constituted the majority of both the prepayment groups and all multispecialty and general practice groups, this majority was smaller in the prepayment groups. The proportion of groups consisting entirely of employed physicians was high among prepayment groups. Whereas only 6 percent of all groups were "all employed," the proportion for prepayment groups was 33 percent. Out of a total of 72 groups that were all employed, 43 or almost two-thirds were prepayment groups. (Table 52.)

Method of Income Distribution

Methods of income distribution for physicians in prepayment groups were only slightly different from those for physicians in all multispecialty and general practice groups. The proportion of partners receiving a salary plus a share of net, rather than a share of net only, was somewhat higher than average among physicians in prepayment groups. Employed physicians

Table 52. Distribution of multispecialty and general practice groups with prepayment plans, by form of group organization: 1959

Form of group organization	Groups with prepayment plans		All multispecialty and general practice groups	
	Number	Percent distribution	Number	Percent distribution
All forms	129	100.0	1,228	100.0
All partners	16	12 4	472	38.4
Partners and employed physicians	55	42.6	545	44.4
Association, all associates	6	4.7	54	4.4
Association, associates and employed	3	2.3	25	2.0
Single owner plus employed physicians	6	4.7	60	4.9
All physicians employed	43	33.3	72	5.9

in prepayment groups were a little more likely than such physicians in all groups to be paid a salary only, rather than salary plus a share of net or some other form of remuneration. (Appendix table 41.)

Comparison With 1946

Between 1946 and 1959 the number of prepayment groups reported among multispecialty and general practice groups with three or more full-time physicians increased by some 55 percent. The number of full-time physicians in these groups increased by more than 150 percent, and the number of part-time physicians by almost 200 percent. While total groups and group physicians increased still more during this period, the growth of the prepayment groups was substantial.

The geographic division showing the largest increase in prepayment groups reported was the Middle Atlantic division, with a rise from 3 to 18 such groups. The Pacific division also had a fairly large increase. In 1959 the Middle Atlantic division replaced the Pacific division as the area in which prepayment groups were most numerous in relation to total groups. (Table 53.)

In 1959 prepayment groups were larger in size, on the average, than their counterparts in 1946 had been. The average number of full-time physicians per prepayment group in 1946 was 11 physicians; in 1959, 18 physicians. Because part-time physicians represented a slightly larger pro-

Table 53. Groups having prepayment plans as a percent of all multispecialty and general practice groups with three or more full-time physicians, by geographic division: 1946 and 1959

Geographic division	1946		1959	
	Number of groups with prepayment plans	Percent of total groups	Number of groups with prepayment plans	Percent of total groups
United States	56	15.2	87	7.5
New England	0		0	
Middle Atlantic	3	17.6	18	31.6
South Atlantic	5	23.1	8	8.6
East South Central	3	15.8	5	6.2
West South Central	6	10.5	10	5.5
East North Central	6	8.0	5	2.7
West North Central	7	8.0	8	2.8
Mountain	11	27.5	11	13.1
Pacific	15	34.1	22	13.0

Table 54. Average size of multispecialty and general practice groups with three or more full-time physicians having prepayment plans: 1946 and 1959

Item	1946	1959
Number of groups with prepayment plans	56	87
Number of group physicians:		
Full time	622	1,605
Part time	258	760
Equivalent full time[1]	751	1,985
Average size of group:		
Full-time physicians	11.1	18.4
Equivalent full-time physicians[1]	4.31	22.8

[1]Estimated by equating 2 part-time physicians to 1 full-time physician.

portion of total prepayment group physicians in 1959 than they had in 1946, the difference in average number of equivalent full-time physicians was even greater—13 physicians in 1946, compared with 23 in 1959. (Table 54.)

Partnerships and associations with prepayment plans increased more rapidly than did prepayment groups with other forms of organization during this period. Of the prepayment groups reported in 1946, scarcely over half were partnerships or associations. In 1959 the proportion was three-quarters. The number of reported prepayment groups with all physicians employed actually dropped slightly between 1946 and 1959.

CHAPTER XIII

Maintaining Quality of Care

One of the arguments for group practice of medicine is that the establishment of a group facilitates the maintenance of high standards of physicians' care. Association of physicians in a group may in itself tend to raise the level of services. The 1959 survey questionnaire included a question on formal methods used by the group for maintaining quality of care. This chapter discusses the extent of use of such methods in the groups studied and describes the principal methods reported.

Use of Formal Methods

Approximately two-thirds of the medical groups surveyed in 1959 reported having some formal method or methods for maintaining quality of care. These methods varied from minimum standards for staff membership to professional supervision by a medical director, from required refresher courses to regular staff discussion of problem cases, from maintenance of a journal library to periodic medical audits by an outside review board.

Large groups were more likely than small groups to use formal means of assuring high standards of service. More than nine-tenths of the groups with 26 or more full-time physicians reported such methods. Small groups by their nature more readily relied on informal ways of maintaining quality of care. Of formal methods, one four-member group in the midwest expressed it: "None needed in small closely-knit conscientious group."

Formal methods of maintaining quality also tended to be more widely applied in groups with prepayment plans. This was particularly true of methods involving regular surveillance of physicians' work. Prepayment groups frequently listed as many as four or five formal methods of maintaining quality of care, several of them entailing direct supervision. Among groups without prepayment plans, those with highly developed systems of maintaining quality of care were largely groups in which all physicians were employed.

Staff and Facilities

Provision of high-quality staff and facilities was mentioned by a number of groups as a basic means of maintaining quality of care. Some groups stated that they would accept only specialists who were Board-certified, or at least Board eligible. Special requirements for general practitioners, such as membership in the American Academy of General Practice, were imposed by some groups. A few groups consisted entirely of faculty members of a medical school or teaching hospital.

The proportion of groups giving special attention to choosing well-qualified physicians was doubtless larger than the proportion listing this device as a formal method of maintaining quality of care. Indeed, such concern was probably common to most of the groups studied. High standards for physician membership almost certainly helped account for the fact, noted in Chapter V, that in 1959 specialization was more prevalent among group physicians than among total physicians in private practice.

References to high-quality facilities and equipment appeared in several questionnaire replies. As in the case of staff selection, emphasis on providing good facilities and equipment probably was more widespread than would be suggested by the answers to the question on formal methods of maintaining quality of care.

Research Emphasis and Library Resources

Encouragement of research was regarded by some groups as helping to elevate standards of care. Several groups conducted active research programs. At least two published a quarterly medical bulletin to report research findings and for other purposes. A requirement that all members write at least two papers annually for State or national journals was applied by one group.

Related to research emphasis was the maintenance of libraries or similar collections of books and periodicals. Many groups subscribed to a number of journals. Tape-recordings or movies were collected or borrowed by various groups. Some groups reported special library funds to finance the purchase of books, magazines, and other materials.

Medical Meetings and Postgraduate Courses

Some groups listed as a formal means of maintaining quality of care the encouragement of their members to attend medical meetings and postgraduate courses. Attendance at meetings included participation in local

medical society activities as well as State or national conventions or meetings. Physicians who were specialists were often expected to join in the functions of specialty organizations. Inducements such as the payment of expenses were offered by some groups. Some groups made attendance at particular meetings compulsory.

Giving physicians time off for postgraduate study was reported by about one-quarter of the groups studied. Some groups simply gave their members an opportunity to take courses if they wished to do so. Training allowances for tuition and fees were offered in some cases: "Each member has sum available for postgraduate training each year. If he doesn't take the training, he doesn't get the sum." But many groups required minimum amounts of postgraduate education each year.

Among the groups requiring attendance at courses, the length of the training period varied. One or two weeks a year was the prevailing pattern. Other periods of training varied from "one month per year," to "a course every 3 months," to "6 weeks every 3rd year," to "8 to 18 days a year," and others. Some 50 groups allowed general practitioners the 150 hours of study every 3 years required for membership in the American Academy of General Practice.

The proportion of groups mentioning time off for postgraduate courses was somewhat larger among small groups—especially those with three to five full-time physicians—than among large groups. This may reflect incomplete reporting by the large groups. On the other hand, it may indicate that one of the more important incentives for the establishment of a small group is the opportunity afforded to attend postgraduate courses without leaving undue gaps in patient care.

Professional Consultation and Staff Meetings

Professional consultation and staff meetings were reported as formal methods of maintaining quality of care in some of the groups surveyed. Especially in multispecialty groups, consultation within the group itself was emphasized: "Since the group covers the main specialties there is always a doctor available for consultation." Outside consultants also were tapped. A typical report referred to "frequent consultations, both within the group and with specialists in surrounding area and hospitals. . ." Another stated: "The doctors see each others' charts and discuss the cases with each other as well as with outside consultants."

Related to professional consultation was free transfer of patients from one group physician to another. Several groups noted that frequent interchange of patients subjected the services of an individual physician constantly

and unpredictably to review by another member of the group. More important, such interchange facilitated the provision of a full range of services to the patient requiring more than one type of specialty care.

Regular staff meetings or conferences served as a formal means of maintaining quality of care in over one-fifth of the groups. Types of meetings included clinical conferences, X-ray conferences, discussions of deaths and autopsies, discussions of mistaken diagnoses, educational meetings, scientific meetings or "seminars," film showings, and journal report meetings, as well as "general" staff meetings. Some groups met as often as daily or 4 days each week; others met weekly, twice a month, monthly, or at other intervals. Outside speakers or discussants might be invited. Larger groups were apt to hold departmental staff meetings as well as meetings of the whole staff.

Medical Audit by Internal Committee

In a number of groups, one method of maintaining quality of care was review by an internal committee elected by the group or otherwise designated for this purpose. Such committees were given different names: Physician's Committee, Internal Audit Committee, Medical Staff Committee, Medical Standards Committee, Professional Standards Committee, Medical Practices Committee, Clinic Professional Committee, Clinical Conference Committee, Medical Review Committee, and others. The method of operation was generally for the committee to review a sample of charts in order to evaluate adequacy of service. Reviews might be conducted weekly, monthly, or at other intervals. Deficiencies in care or possible improvements in services were bought to the attention of the physician concerned.

Supervision by Medical Director or Department Head

A chief of staff or other medical director supervised the provision of care in some of the groups included in the survey. Either alone or working through department heads, such directors reviewed cases and took such action as was needed to assure adequate standards of service. Although a senior partner might perform the role, directors more often were appointed by an executive board which also established general medical policies for the group. Assisting the director might be a lay or professional advisory committee. Some groups had a medical director in addition to a professional review committee of the sort described in the preceding section; in other groups the director was the sole supervisory authority.

Outside Medical Audit

Medical audit by an outside authority was reported by a number of groups as a means of maintaining quality of care. Groups affiliated with the Health Insurance Plan of Greater New York, for example, were visited periodically by a medical-care survey team established to make an individual study of all doctors in the Plan. This method of review was sponsored by the physicians themselves to promote interchange of ideas and stimulate the improvement of medical care. Also overseeing the work of HIP physicians was the Medical Control Board selected in part by the Board of Directors of the Plan and in part by the participating physicians.

Other Controls

Other methods of assuring good care mentioned by one or more groups were rules requiring complete physical examination for all new patients, plans to guarantee 24-hour availability of physicians' services, and requirements for particularly comprehensive medical records. Schemes for monthly statistical analysis of the case loads and consultative services of individual group physicians were reported by a few groups. Several groups viewed their intern or residency training programs or their affiliation with a medical school as helping to maintain standards of service. A number of groups connected with hospitals stated that the usual requirements for hospital accreditation served as a form of control.

CHAPTER XIV

Evolution of Individual Groups

Trends in group practice may be measured in terms of individual group history as well as changes in total groups between an earlier and a later year. This chapter discusses data on the year of organization of the groups included in the 1959 survey, relating these data to such factors as type of group, size, form of organization, and specialty composition. Initial size of groups is analyzed according to type and age of group. Types and sizes of group having plans for expansion, and the kinds of specialists to be added, are discussed. For those groups that existed in 1946, information is summarized on the most important changes since that time, as reported by the groups.

Year of Organization

Although the year of organization of the medical groups surveyed in 1959 varied from before 1900 to just before the date of the present survey, most of the groups were formed fairly recently. Groups organized before 1945 constituted only 22 percent of the total. Twenty-one percent of the groups were established between 1945 and 1949, 22 percent between 1950 and 1954, and 35 percent in 1955 or later. (Table 55.)

Whereas 26 percent of the multispecialty and general practice groups were formed before 1945, the proportion of single specialty groups in existence for this many years was only 10 percent. Forty-seven percent of the single specialty groups, but only 31 percent of the multispecialty and general practice groups, were organized in 1955 or later. (Chart 19.)

Multispecialty and General Practice Groups

Among the multispecialty and general practice groups, those with three or more full-time physicians were generally older than those with less than three full-time physicians. The year of organization was 1944 or earlier for 27 percent of the former groups but for only 9 percent of the latter. A higher share of the groups with less than three full-time physicians

Table 55. Year of organization of medical groups, by type of group: 1959

Year of organization	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
	Number of groups				
Total	1,623	1,228	1,154	74	395
Before 1940	286	258	253	5	28
1940-44	60	51	50	1	9
1945-49	326	263	245	18	63
1950-54	346	251	231	20	95
1955 or later	540	364	343	21	176
Not reported	65	41	32	9	24
	Percent of groups				
Total known	100.0	100.0	100.0	100.0	100.0
Before 1940	18.3	21.7	22.5	7.7	7.6
1940-44	3.9	4.3	4.5	1.5	2.4
1945-49	20.9	22.2	21.8	27.7	17.0
1950-54	22.2	21.1	20.6	30.8	25.6
1955 or later	34.7	30.7	30.6	32.3	47.4

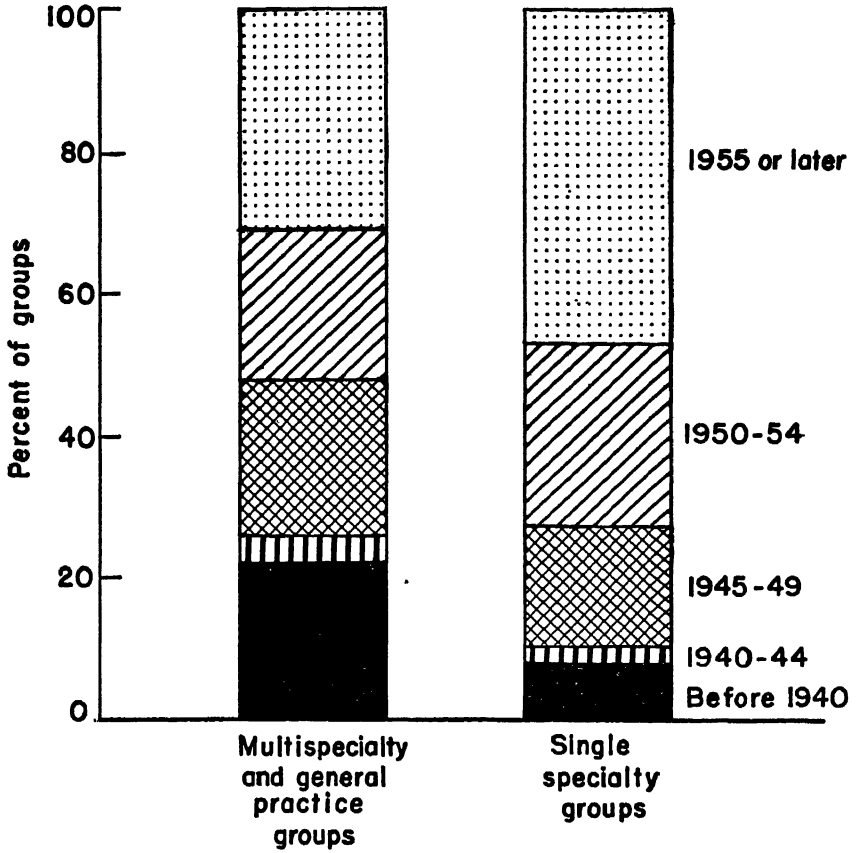
were organized during the decade immediately following World War II—1945 through 1954. (Table 55.)

In general, the earlier the group was established, the larger it was likely to be in 1959. Twelve percent of the groups established before 1940 had 26 or more physicians; among groups established in 1955 or later, the proportion was less than 1 percent. Groups established in more recent years included relatively higher proportions of small groups. (Table 56.) The relationship between size and age of group will be discussed in greater detail later in this chapter.

Partnership groups were distributed in age in about the same way as all groups combined but there were some variations among groups with other forms of organization. Groups consisting of a single owner plus employed physicians tended to have been established more recently than the average, doubtless because most such groups exist only during the lifetime of the original owner. Associations and "all employed" groups were more likely to date to earlier years. (Appendix table 42.)

In view of the generally later development of single specialty groups, it might be expected that multispecialty and general practice groups consisting entirely of specialists would tend to have been established more recently than other such groups. In fact, the proportion of "all specialist" groups formed in the decade immediately preceding the survey was lower

Chart 19. Comparison of year of organization for multispecialty and general practice groups and for single specialty groups: 1959



Source: Table 55.

than average. The groups most likely to have a recent year of organization were those comprising general practitioners only. (Table 57.)

Groups in various types of county differed in their distribution by year or organization. The proportion of groups established in 1955 or later was a little higher in isolated counties than in metropolitan or adjacent counties. Isolated counties also contained a slightly higher-than-average share of groups dating to the years during World War II: 1940 to 1945. (Appendix table 43).

A proportionately large number of prepayment groups had their origin before 1950. Nearly one-third of the total groups, but less than one-fifth of the prepayment groups, were established in 1955 or later.

Table 56. Year of organization of multispecialty and general practice groups, by size of group: 1959

Year of organization	All sizes	Size of group (full-time physicians)				
		Less than 3	3-5	6-10	11-25	26 or more
	Number of groups					
Total	1,228	74	660	279	169	46
Before 1940	258	5	62	67	93	31
1940–44	51	1	22	18	8	2
1945–49	263	18	111	89	38	7
1950–54	251	20	152	60	14	5
1955 or later	364	21	286	41	15	1
Not reported	41	9	27	4	1	0
	Percent of groups					
Total	100.0	6.0	53.8	22.7	13.8	3.7
Before 1940	100.0	1.9	24.0	26.0	36.1	12.0
1940–44	100.0	2.0	43.1	35.3	15.7	3.9
1945–49	100 0	6.8	42.2	33.8	14.5	2.7
1950–54	100.0	8.0	60.5	23.9	5.6	2.0
1955 or later	100.0	5.8	78.6	11.2	4.1	0.3

Table 57. Year of organization of multispecialty and general practice groups, by specialty composition of group: 1959

Year of organization	All types	Specialty composition		
		General practitioners only	General practitioners and specialists	Specialists only
Total [1]	1,185	240	622	323
Before 1940	258	13	127	118
1940–44	51	9	31	11
1945–49	263	31	162	70
1950–54	251	51	134	64
1955 or later	364	136	168	60

[1]Excludes 41 groups whose year of organization was not reported and 2 groups whose specialty composition was not reported.

Single Specialty Groups

Internal medicine groups constituted the largest single share of both older and younger single specialty groups, with orthopedics and pediatrics

groups close behind. Among groups dating to before 1950, there were also high proportions of eye, ear, nose, and throat and surgery groups. Groups in such fields as obstetrics and gynecology, radiology, and anesthesiology were more common among the groups organized in 1950 or later.

Initial Size of Group

The great majority of the medical groups were small when first established. Ninety percent of the multispecialty and general practice groups and 98 percent of the single specialty groups reporting their initial size started with five or fewer full-time physicians. Median initial size for both types of group was three full-time physicians. Only 3 percent of the multispecialty and general practice groups and 1 percent of the single specialty groups had as many as nine or more physicians at the time they were formed. (Table 58.)

Table 58. Initial size of medical groups with three or more full-time physicians, by type of group: 1959

Initial size of group (full-time physicians)	Groups with 3 or more full-time physicians		
	Total	Multispecialty and general practice	Single specialty
	Number of groups		
Total	1,546	1,154	392
Less than 3	212	125	87
3	787	564	223
4	238	197	41
5	97	88	9
6	54	52	2
7	18	15	3
8	18	18	0
9 or more	32	29	3
Not reported	90	66	24
	Percent of groups		
Total known size	100.0	100.0	100.0
Less than 3	14.6	11.5	23.6
3	54.1	51.8	60.6
4	16.3	18.1	11.1
5	6.7	8.1	2.5
6	3.7	4.8	0.6
7	1.2	1.4	0.8
8	1.2	1.6	.....
9 or more	2.2	2.7	0.8

Groups formed in recent years usually reported a slightly smaller initial size than groups formed in earlier years. The proportion of multispecialty and general practice groups having had eight or more full-time physicians when first established was generally a little higher among groups formed prior to 1950 than among groups formed since that time. Groups with an initial size of less than three full-time physicians were most common among groups formed in 1955 or later. (Table 59.)

The longer a group had been in existence, the greater was likely to be the difference between its initial size and its present size. The median initial size of multispecialty and general practice groups was three full-time physicians regardless of year of organization. The median present size of these groups, however, ranged from 3 or 4 full-time physicians among groups established in 1955 or later to about 10 physicians among groups formed before 1940. Of the groups with 26 or more full-time physicians established prior to 1940, two-thirds began with 5 or fewer physicians.

Plans for Expansion

Two out of every five groups surveyed in 1959 had plans for increasing their physician staff in the following year. The proportion of groups

Table 59. Initial size of multispecialty and general practice groups, by year of organization: 1959

Initial size of group (full-time physicians)	All years	Year of organization of group					
		Before 1940	1940–44	1945–49	1950–54	1955 or later	Not reported
	Number of groups						
Total	1,228	258	51	263	251	364	41
Less than 3	142	10	3	19	20	74	16
3	572	123	29	113	125	177	5
4-5	286	75	11	73	60	67	0
6-7	67	15	2	17	12	20	1
8 or more	47	14	1	12	8	11	1
Not reported	114	21	5	29	26	15	18
	Percent of groups						
Total known	100.0	100.0	100.0	100.0	100.0	100.0	.....
Less than 3	12.8	4.2	6.5	8.1	8.9	21.2	.....
3	51.3	51.9	63.0	48.3	55.5	50.7	.....
4-5	25.7	31.7	23.9	31.2	26.7	19.2	.....
6-7	6.0	6.3	4.4	7.3	5.3	5.7	.....
8 or more	4.2	5.9	2.2	5.1	3.6	3.2	.....

Table 60. Plans for expansion in 1960 of medical groups, by type of group: 1959

Item	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
Total number of groups.....	1,623	1,228	1,154	74	395
Groups planning increase of physician staff.	671	577	557	20	94
Percent of total groups planning increase of physician staff.	41.3	47.0	48.3	27.0	23.8

planning expansion was somewhat higher for multispecialty and general practice groups (47 percent) than for single specialty groups (24 percent). (Table 60.)

Plans to expand the number of physicians varied directly with size of group: the larger the group, the greater the chance of its expecting to increase its staff. The proportion of multispecialty and general practice groups with plans for expansion ranged from 27 percent for groups with less than 3 full-time physicians, to 33 percent for groups with 3 to 5 physicians, to 59 percent for groups with 6 to 10 physicians, to 83 percent for groups with 11 or more physicians. (Appendix table 44.)

The kinds of physicians most commonly expected to be added to multispecialty and general practice groups were internists, pediatricians, and general practitioners. About a sixth of the groups had plans to increase their staffs by one or more internist; the proportions of groups planning to add pediatricians or general practitioners were about one-eighth in each case. Other kinds of specialists mentioned fairly frequently were those in ophthalmology and otolaryngology, obstetrics and gynecology, general surgery, and orthopedic surgery.

Increased numbers of specialists in such less common fields as urology, psychiatry, radiology, dermatology, and neurosurgery were contemplated almost exclusively by groups already having large numbers of full-time physicians. Additional general practitioners, on the other hand, were more often planned by small groups. Among groups with three to five full-time physicians, 14 percent expected to increase their staff by one or more general practitioners; the proportion of groups with 16 or more full-time physicians having such plans was 6 percent.

Changes Since 1946

Somewhat over 350 groups that had been in existence since 1946 responded to the question: "If your medical group was in existence at about that time, what would you say have been the most important changes in your own group during this period?" Of these, about 300 were multispecialty and general practice groups and about 50 were single specialty groups.

Multispecialty and General Practice Groups

Growth in size was the most commonly reported change for the approximately 300 multispecialty and general practice groups reporting changes, with over 150 mentioning such expansion. In some cases the number of physicians in a group had multiplied by as much as four or five times during the period. Only one small group reported that it had decreased in size since 1946.

Improved physical facilities or equipment for patient care were cited by some 130 groups as among the most important changes. More than half of these groups had moved into a new clinic building, usually constructed to the specifications of the group. Other groups reported new wings, renovation, better diagnostic and treatment facilities, or other improvements. Among the specialized kinds of facilities mentioned by a few groups were cobalt-60 radiation units, isotope laboratories, heart catheterization facilities, pharmacies, and physiotherapy units. Two groups had established branch offices or satellite clinics.

Increased specialization among the physicians in the group was felt worthy of comment by about 100 groups. In some groups this specialization resulted from further training or division of labor among existing physician staff. Other groups accomplished the purpose by replacing general physicians with specialists or by expanding the group to include new departments. Development of subspecialties within specialties was mentioned by a number of groups. A few groups had imposed requirements for Board certification.

The trend toward specialization was noted with such comments as: "The tendency is to give specialist type of service to a family type practice with patients accepting this type service." "Physicians start in general practice, then go away to take special work." "Group grew from 4 general practitioners to 8 MD's including 5 Board specialists." "All doctors did surgery in 1946; now two do it." "Expansion of group to more adequately cover all the major specialties and thus better serve the total needs of the patient."

The kinds of specialties added were specified by some groups. The fields referred to most often were surgery, pediatrics, radiology, and internal medicine. Obstetrics and gynecology, orthopedic surgery, ophthalmology, and psychiatry were also mentioned by several groups each. Only a few

groups reported having dropped a specialty because of such factors as inadequate case load, death of a physician, recruitment difficulties, or clinic reorganization.

About 20 multispecialty and general practice groups reported the addition of auxiliary personnel: nurses, physical therapists, laboratory and X-ray technicians, pharmacists, office staff, and others. One group had rented its pharmacy space to a local drug store. Dental and physiotherapy departments had been discontinued by one group, although the same group had added its own optical dispensing shop.

Turnover in physician staff had constituted an important change in some 15 groups. The main explanation for such turnover was death or retirement of older group members. In other cases, physicians had withdrawn from group practice in favor of solo or other types of practice. One group reported that financial and tax problems lay behind physician turnover.

Good training of physician staff was receiving greater emphasis in about 20 groups. Some groups were making special efforts to select new members from among recently trained and well trained young doctors. Attendance by staff at postgraduate courses was stressed in other groups.

General improvements in the quality of patient care were reported by some 30 groups. Several groups emphasized the importance of cooperation among group physicians in the raising of medical care standards. Formal checks and controls to assure good services had been introduced by a few groups.

Patient load changes were commented upon by about 25 groups. A general increase in the volume of care provided was the most commonly reported development. Several groups spoke of the increased demand for diagnostic studies and several, of the growing complexity of the cases referred to the group.

A change in group organization was mentioned by about 35 groups. A number of former partnerships or single-owner groups had become associations. A few former single-owner groups were now partnerships. Various partnerships had been modified to broaden membership, alter the ownership of assets, or accomplish other purposes.

Hospital relationships had changed in 12 groups. Half of these groups had expanded their existing hospitals or acquired a new clinical facility. The remainder had ceased operating or controlling their own hospital for such reasons as development of a local community hospital or reorganization of the group.

An increase in the proportion of group income received from voluntary health insurance or other third-party payment plans was mentioned by some 25 groups. Several groups referred to the increased paper work associated with greater use of insurance.

Improved office or business management constituted an important change for about 15 groups. More than half of these groups had employed

a full-time business manager, clinic manager, or administrative officer. Related to general administrative improvements were such specific changes as the establishment of an appointment system for patients and the development of a consistent credit policy.

Advances in public acceptance of group practice were reported by about 10 groups. In some groups this took the form of greater recognition by the medical profession in the community or the State. Other groups noted greater acceptance of group practice by patients, e.g. "More patients going to 'clinic' rather than to individual group physician."

Closer cooperation of group physicians in the practice of medicine was noted by about half a dozen groups. As one group commented: "The doctors have a more well defined idea of group practice and how it can be used more successfully for the patient."

Changes in the remuneration of physicians were reported by about 20 groups. A number of the groups had moved toward greater recognition of differences in book value of a physician's work, length of service, and other individual characteristics. Retirement plans for physician staff had been developed by several groups.

Expanded programs of research and education were noteworthy changes in a dozen groups. Several groups had formed a foundation for research and education. Research laboratories had been constructed by a few. New or expanded education programs covered such fields as medicine, surgery, psychiatry, nursing, laboratory and X-ray technology, and research training.

Increased overhead costs were mentioned by five groups, with some suggestion that the rise was excessive or disproportionate. However, an approximately equal number of groups reported reduced overhead as a consequence or expanded patient load or more efficient office procedures.

Only 18, or fewer than 1 out of every 15 multispecialty and general practice groups responding to the question on important changes since 1946, said that there had been no such changes. Comments of these groups included: "Essentially unchanged," "no important change," "no significant change in policy or method of treating patients," "nothing of interest," "no changes."

Single Specialty Groups

Increase in size of group was the most common type of change in single specialty groups, being mentioned by more than a third of the 50 or so groups replying to the question. About a quarter of the groups wrote of new or improved buildings or equipment. Ancillary staff in such fields as social work and physical therapy had been added by a few groups.

A trend toward greater specialization was reported by some seven groups; some of these had formerly been multispecialty groups and others

were developing subspecialties. Other changes noted by several groups each were altered forms of organization, heavier patient load, improved methods of practice, and strengthened administrative procedures.

The proportion of respondents reporting no important change since 1946 was considerably higher among the single specialty groups than among the multispecialty and general practice groups. About 1 in every 4 single specialty groups was in this category, compared with 1 in every 15 multispecialty and general practice groups.

CHAPTER XV

Summary

In November 1959 the Division of Public Health Methods of the Public Health Service undertook a nationwide survey of medical group practice in the United States. Information was obtained mainly through a mailed questionnaire to all known groups, comparable to a questionnaire used in a survey conducted by the Public Health Service in 1946. This report presents the results of the questionnaire survey.

Scope and Method of Survey

The 1959 questionnaire survey had two main purposes. The first was to determine trends in the numbers and characteristics of medical groups since the time of the 1946 Public Health Service survey. The second was to provide a description of groups as they existed in 1959.

In this report medical groups are defined as groups of three or more physicians (full time or part time) formally organized to provide medical services, with income from medical practice distributed according to some prearranged plan. This definition includes multispecialty and general practice groups with three or more full-time physicians as did the 1946 survey. It also includes single specialty groups and groups with fewer than three full-time physicians but a total of three full- plus part-time physicians.

Number of Groups and Group Physicians

A total of 1,623 medical groups meeting the definition used in this report responded to the questionnaire survey. Three-quarters of the surveyed groups (1,228) were multispecialty and general practice groups. The remainder (395) were single specialty groups.

Serving as members of the 1,623 groups were 14,841 physicians. About four-fifths of the group physicians were on a full-time basis. Most

of the part-time physicians were members of multispecialty and general practice groups.

The 14,841 physicians reported as practicing in groups represented 9.2 percent of all physicians in private practice in the United States in 1959. In relation to population, there were 8.5 group physicians for every 100,000 persons in the Nation.

Since 1946 the number of multispecialty and general practice groups with three or more full-time physicians had increased by more than three times, from 368 to 1,154. The number of physicians associated with these groups had also tripled. These increases were considerably greater than the increases in total private practitioners and in population between 1946 and 1959.

Location of Groups

Over half of the medical groups discussed in this report were located in three of the nine geographic divisions of the country. These were the West North Central, East North Central, and West South Central divisions.

Because of differences in group size and composition, the divisions containing the largest numbers of group physicians were somewhat different. The Middle Atlantic division, for example, with only 7 percent of the groups, contained 17 percent of the group physicians.

The large number of group physicians in the Middle Atlantic division was attributable to a considerable extent to the many part-time group members in that area. Three-fifths of all part-time group physicians surveyed were in New York and Pennsylvania alone.

The proportion of all private practitioners who were members of medical groups ranged from less than 1 percent in Maine and Rhode Island to more than 40 percent in North Dakota and Minnesota. In general, States west of the Mississippi River had more group physicians in relation to total private practitioners than did States east of the Mississippi.

The ratio of group physicians to population also tended to be higher in States west of the Mississippi River than in Eastern States. The States having the highest numbers of group physicians in relation to population were North Dakota, Minnesota, and Montana.

About half of the groups and two-thirds of the group physicians were in metropolitan counties. In relation to all private practitioners, however, isolated counties had the most group physicians—about 14 percent of the total, compared with 8 percent in metropolitan counties.

Between 1946 and 1959 there was some shift toward greater relative concentration of groups in the South Atlantic, East South Central, and Pacific

divisions. The increase in group physicians was proportionately greatest in the Far West and among the Northeastern States.

Group physicians increased in number more rapidly in metropolitan counties than in adjacent and isolated counties during this period. In 1946, only a third of all metropolitan counties reported a multispecialty and general practice group with three or more full-time physicians; by 1959 such groups were reported in over half the metropolitan counties.

Size of Groups

The 1,623 groups responding to the 1959 survey had a mean of 7.2 full-time physicians. However, the mean was drawn upward by a comparatively small number of large groups. The median group size was 4 full-time physicians and the mode, or most frequently occurring size, was 3 full-time physicians.

Multispecialty and general practice groups tended to be larger than single specialty groups. Among the former, 18 percent had 11 or more physicians; in contrast, only 1 percent of the single specialty groups were this large. The median size of multispecialty and general practice groups was five full-time physicians; of single specialty groups, three.

In terms of mean number of full-time physicians, multispecialty and general practice groups tended to be largest in the New England and Pacific States. The mean number of equivalent full-time physicians in groups—counting two part-time physicians as equal to one full-time physician—was highest in the Middle Atlantic division.

Metropolitan counties had proportionately more groups with large numbers of physicians than did adjacent and isolated counties. This was true both for groups consisting primarily of full-time physicians and for predominantly part-time groups.

Between 1946 and 1959 relatively little change occurred in the mean size of multispecialty and general practice groups with three or more full-time physicians. Both in 1946 and in 1959, somewhat over half of the groups had five or fewer full-time physicians. The proportion of largest-size groups was slightly greater in 1959 than in 1946.

Specialization Among Group Physicians

About 76 percent of the 14,841 physicians in medical groups in 1959 were full specialists, and an additional 4 percent were partial specialists. Specialists with American Board certification constituted 57 percent of group physicians.

Even excluding single specialty groups, which by definition consisted of specialists, the proportion of group physicians who were full specialists was 73 percent, and partial specialists, 4 percent. The proportion of specialists was particularly high among part-time group physicians.

Specialization was somewhat more prevalent among group physicians in New England than among those in other geographic divisions. Group physicians in metropolitan counties included higher proportions of specialists than did those in adjacent and isolated counties.

The larger the multispecialty and general practice group, in terms of full-time physicians, the more likely were its members to be specialists. Groups with less than three full-time physicians but often many part-time physicians were also among those with a high proportion of specialists.

Full or partial specialists in internal medicine constituted nearly 20 percent of all group physicians, or about the same proportion as those who were general practitioners. The next most numerous specialties were general surgery and obstetrics and gynecology.

Slightly over half of the multispecialty and general practice groups consisted of a combination of general practitioners and specialists (full or partial). Groups comprising specialists only represented a little over a quarter of the groups. The remaining fifth of the groups included general practitioners only.

The type of specialty most likely to be found in a multispecialty and general practice group was surgery; two-thirds of the groups had one or more surgeons. About two-fifths of the groups included at least the following combination of physicians: a general practitioner or internist, a surgeon, and an obstetrician.

The proportion of physicians who were full or partial specialists was greater among group physicians than among total physicians in private practice—80 percent, compared with 62 percent. The contrast was even more pronounced for full specialists alone, who constituted 76 percent of the group physicians and 49 percent of all private practitioners.

Among the various types of specialists in private practice, the proportion who were group members varied. Physicians in multispecialty and general practice groups included an especially high proportion of internists, radiologists, and pathologists, compared with all physicians in private practice.

Other Health Personnel In Groups

Most of the comparatively few dentists and dental hygienists in the medical groups studied in 1959 were associated with multispecialty and general practice groups. In general the proportion of groups having dental

personnel increased as the size of the groups rose. Inclusion of a dentist on the staff was more common in the Middle Atlantic States than elsewhere in the Nation; in metropolitan than in adjacent or isolated counties.

The proportion of groups with professional nurses was generally high. Use of practical nurses and nursing aides was also fairly widespread. Groups having practical nurses or nursing aides were proportionately more numerous in isolated and adjacent counties than in metropolitan counties.

Among other types of allied health personnel, the most commonly employed were X-ray and laboratory technicians. The proportion of groups having one or more physical therapists was lower, while social workers and other types of personnel were found in only a few groups. The employment of more specialized types of allied health personnel tended to be correlated with group size.

The proportion of multispecialty and general practice groups with three or more full-time physicians having a dentist on the staff was lower in 1959 than it had been in 1946. The extent of professional nurse employment changed less during this period, although there was some trend toward more employment of nurses by groups in isolated counties.

Forms of Group Organization

Eighty-five percent of the 1,623 groups surveyed in 1959 were straight partnerships or partnerships with some employed physicians. Associations of physicians accounted for about 6 percent of the groups. The remaining 9 percent of the groups were divided about equally between groups consisting of single owners plus employed physicians and groups in which all physicians were employed.

Single specialty groups were more likely to be organized as straight partnerships than were multispecialty and general practice groups. Partnerships with some employed physicians were more common among multispecialty and general practice groups, as were associations, single owner groups, and groups consisting entirely of employed physicians.

Straight partnerships and single owner groups tended to be small. Proportions of larger groups were higher in partnerships with employed physicians, associations, and groups with all physicians employed. Almost half of the groups with 26 or more full-time physicians were associations or groups in which all physicians were employed.

Among all groups consisting entirely of employed physicians, half were union or industrial groups. The next most common employers were foundations, consumer cooperatives, and hospitals. Union groups tended to be large in size and to include a high proportion of part-time physicians.

Between 1946 and 1959 partnerships increased as a proportion of multispecialty and general practice groups with three or more full-time

physicians. The proportion of these groups which were associations also increased. Single owner groups and groups with all physicians employed decreased as a share of the total.

Corporate Status

Groups incorporated for physical assets constituted 30 percent of all groups reporting in the 1959 survey. Twenty-three percent of the groups were incorporated for the practice of medicine. The number incorporated for purposes of taxation was 12 percent of the total.

Multispecialty and general practice groups were somewhat more likely to be incorporated for one of the purposes listed than were single specialty groups. Incorporation for the practice of medicine was reported in 46 States; for physical assets, in 45 States; and for tax purposes, in 42 States.

Method of Income Distribution

Three-quarters of all the partners in groups covered by the 1959 survey were paid a share of the group's net income only; in single specialty groups the proportion was even higher. Salary plus a share of net was the most common method of payment for associates. Employed physicians were usually paid a salary only.

In multispecialty and general practice groups, the practice of paying physicians wholly or partly by salary tended to increase as size of group increased. Payment of a salary only to employed physicians was more common in groups consisting entirely of employed physicians than in groups with other forms of organization.

Hospital Ownership and Control

One hundred and thirty-one medical groups included in the 1959 survey owned a hospital. Another 67 groups did not own a hospital but controlled one administratively. Altogether about 12 percent of the respondents owned or controlled a hospital.

Rates of hospital ownership and control tended to be higher among multispecialty and general practice groups than among single specialty groups; among rural groups than among those in cities; among large groups than among small ones. Single-owner groups or groups with all physicians employed were more likely to own or control a hospital than were groups with other forms of organization.

Hospitals owned or controlled by groups tended to be small; two-thirds had fewer than 50 beds. The preponderance of small hospitals was particularly great among those in isolated counties and those owned or controlled by small groups.

The proportion of multispecialty and general practice groups with three or more full-time physicians that owned or controlled a hospital was only about half as great in 1959 as it had been among the groups studied in 1946. However, the types of group most likely to have a hospital relationship were unchanged.

Scope of Group Activity

Five out of every six groups surveyed in 1959 provided general medical care to a continuing clientele, either alone or in combination with diagnostic and referral work. The remaining one-sixth of the groups engaged in consultation or diagnosis only.

Consultative groups, including those also providing some diagnostic service, were found mainly among single specialty groups. Groups confining their activity to diagnosis only were concentrated among multispecialty and general practice groups with less than three full-time physicians.

Multispecialty and general practice groups providing consultation or diagnosis only were located primarily in metropolitan counties. They tended to be larger than general medical care groups, to include more part-time physicians, and to consist more heavily of specialists.

The number of consultative or diagnostic groups reporting in 1959 was the same as the number reporting in 1946. However, in the later year there were many more groups providing general medical care.

Groups With Prepayment Plans

A total of 129 multispecialty and general practice groups and 5 single specialty groups responding in 1959 were associated with a prepayment plan. Groups operating their own prepayment plans constituted about three-fifths of the prepayment groups. The remaining groups were predominantly caring for patients for another organization which operated a prepayment plan.

The 129 multispecialty and general practice groups with prepayment plans represented 11 percent of all multispecialty and general practice groups surveyed. Since prepayment groups tended to be larger than average in size, they accounted for 28 percent of all physicians in multispecialty and general practice groups.

There was wide variation among geographic divisions in the proportion of groups associated with a prepayment plan. In the West North Central

division, 3 percent of the multispecialty ar
6 percent of the group physicians in the
At the other extreme, in the Middle Atlan
with 68 percent of the group physician
plans.

Prepayment groups usually includ
general practitioners, rather than consis
practitioners only. Almost two-thirds
practice groups with prepayment plans i
eral practice or internal medicine, surgery

Dentists, technicians, therapists, a
allied health workers more likely to be
in multispecialty and general practice g
entirely of employed physicians were rel
payment groups than among all groups co

Between 1946 and 1959 the numl
among multispecialty and general practi
time physicians increased by about 55 pe
physicians in these groups, by more tha
and group physicians increased still more during
the prepayment groups was substantial.

Maintaining Quality of Care

About two-thirds of the medical groups surveyed in 1959 reported having some formal method or methods for maintaining quality of care. These methods varied from minimum standards for staff membership to professional supervision by a medical director, from required refresher courses to regular staff discussion of problem cases, from maintenance of a journal library to periodic medical audits by an outside review board.

Large groups were more likely than small groups to use formal means of assuring high standards of service. Formal methods of maintaining quality also tended to be more widely applied in groups with prepayment plans. Among groups without prepayment plans, those with highly developed systems of maintaining quality were largely groups in which all physicians were employed.

Evolution of Individual Groups

Although some of the medical groups surveyed in 1959 were established before 1900, the majority were formed in 1950 or later. The proportion of newer groups was especially high among single specialty groups and

among multispecialty and general practice groups with predominantly part-time physicians.

Large groups usually had been in existence for a longer period than small groups. Other groups more likely to date to earlier years were associations and groups with all physicians employed, groups consisting entirely of specialists, and groups with prepayment plans. Groups comprising general practitioners only and groups in isolated counties were among those tending to have been formed more recently.

The great majority of the medical groups were small when first established. Median initial size for both multispecialty and general practice groups and single specialty groups was three full-time physicians.

Two out of every five groups surveyed in 1959 had plans for increasing their physician staff in the following year. The larger the group, the more likely it was to be expecting to grow. The kinds of physicians most commonly planned to be added to multispecialty and general practice groups were internists, pediatricians, and general practitioners.

Growth in size was the most commonly reported change for the approximately 300 multispecialty and general practice groups and 50 single specialty groups existing since 1946 and reporting their most important changes during this period. Other changes mentioned by substantial numbers of groups were improved physical facilities or equipment, increased specialization among physicians, added auxiliary personnel, new forms of organization, and altered methods of remunerating the physicians.

Exhibit A

Characteristics of Groups Covered by Various Definitions of Group Medical Practice

Definition	Number of physicians required to join together in practice	Form of organization	Facilities and staff	Scope of services required	Method of distributing income	Other
Klotz Study, 1927.[1]	"A number of physicians."	Must be self-determining organization of physicians. Excludes hospital staffs subject to control by hospital trustees.	Must occupy offices in same building, under agreement concerning use and control of plant, equipment, and assistant personnel.	Not specified.	Must be some form of agreement covering the distribution of financial returns among the participants.	Must be some form of agreement concerning the assignment of patients.
Rorem Study, 1930.[2]	Not specified, but smallest group studied had 3 physicians All or most of physicians should be associated with clinic on a full-time basis	Not specified, except to exclude groups consisting of an individual practitioner with assistant physicians.	Many facilities should be used in common, particularly office space, laboratories, and medical equipment.	Should include 2 or more medical specialties, with an attempt usually made to have available complete facilities for patients accepted. Diagnostic groups excluded.	Income must be pooled, with individual physicians' income determined by contract among selves.	Study included only clinics which were at least 2 years old and had developed the most successful administrative policies and procedures.
American Medica Association Study, 1933.[3]	3 or more.	Not specified, except to exclude closed hospital staffs* and industrial departments of a single industry.	Group should own certain equipment aside from office space, and employ lay assistants in common.	Not specified, except to exclude diagnostic groups.	May be either pooling of income or individual financial arrangements.	
American Medical Association Study, 1940.[4]	3 or more.	Not specified, except to exclude closed hospital staffs.* groups serving a single industry, and groups in which members had been excluded from organized medicine (e g. closed panel prepayment groups)	Not specified, except to state that use of common facilities not in itself sufficient to make a group.	Not specified, except to exclude diagnostic groups.	Income from medical practice must be pooled and redistributed to members according to some prearranged plan.	

Definition	Number of physicians required to join together in practice	Form of organization	Facilities and staff	Scope of services required	Method of distributing income	Other
iblic Health Service Study, 1946.[6]	3 or more full time.	Excludes only organized hospital staffs where physicians participate on part-time voluntary basis, and informal groups sharing overhead but practicing as individuals.	Not specified.	Services must be provided in more than one medical field or specialty.	Income from medical practice must be pooled and redistributed to members according to some prearranged plan.	
ılifornia Study, 1952.[6]	3 or more full time.	Not specified, except to state that physicians must be formally organized for administration and financing.	Must be joint use of office facilities and auxiliary personnel.	Must be more than one specialty represented.	Income must be pooled and common overhead expenses shared, with net payments to physicians made according to prearranged plan.	
nadian Study, 1954.[7]						
(1) "Clinic groups"	3 or more full time.	Not specified, except to state that a formal association must exist. Individual physician plus assistant(s) may be included.	Not specified.	Must be 2 or more specialties practiced, with at least 1 physician a full-time or part-time practitioner.	Income should be distributed in such a way that it indicated that physicians were associated (but this was not essential).	Group must practice effectively in one place. Some or all members of group should share responsibility for patients (but this was not essential).
(2) "Specialist groups"	2 or more full time.			May be one or more specialties.		
(3) "GP groups"	2 or more full time.			Must be all GP's.		
(4) "Other groups"	2 or more full time.			May be GP's plus specialists, or GP's who are part specialists.		
ierican Medical Association-American Association of Medical Clinics Study, 954-57.[8]	4 or more.	Not specified, except to exclude closed panel prepayment groups.	Not specified.	May be all GP's, GP's plus specialists, or specialists in more than one field. Large referral clinics (Mayo, Lahey, etc.) excluded.	Income must be pooled and the earnings divided among the physicians on some prearranged agreement.	Study included only groups which were at least 3 years old.
erican Medical Association Inventory, 1958 [9]	2 or more.	Not specified.	Not specified.	Not specified.	Not specified.	
onal Association Clinic Managers, embership rules.[10]	3 or more.	Must have as administrative head a full-time clinic manager in active supervision of business affairs.	Facilities must be pooled.	Must be both diagnosis and treatment.	Not specified.	
rican Association Medical Clinics, -laws.[11]						
(1) Full members	7 or more full time.	Not specified	Must maintain a separate building or group of offices for conduct of practice.	Must be 5 or more different major specialties, 2 of which shall be internal medicine and general surgery, among full-time physicians.	Not specified.	Diagnostic groups excluded. Medical care shall be provided according to the principles of ethics of the AMA.
(2) Associate members	5 or more full time			Must be 3 or more different major specialties, including internal medicine and general surgery.		
ic Health Service udy, 1959.	3 or more.	Same as 1946 PHS survey.	Same as 1946 PHS survey.	No limitation.	Same as 1946 PHS survey.	

Unless staff operated as a group outside hospital.
otz, Walter C. Group Clinics. A Study of Organized Medical Practice. New , The Committee on Dispensary Development of the United Hospital Fund of New ., March 1927.
orem, C. Rufus. Private Group Clinics. The Committee on the Costs of Medical ·. Publication No 8. Washington ·. C., The Committee, 1931.
Private Group Practice" Journal of the American Medical Association, v. 100: 5-1608, 1693-1699, 1773-1778 (May-June 1933).
merican Medical Association, Bureau of Medical Economics. Group Medical tice. Chicago. The Association, 1940
lunt, G Halsey Medical Groups in the United States, 1946. Washington, D. C., ic Health Service, 1947; and other publications from this survey.

[6] Weinerman, E. Richard, and George S. Goldstein. Medical Group Practice in California. Berkeley. University of California School of Public Health, June 1952.
[7] "A Survey of Medical Groups in Canada, 1954." Health Care Series Memorandum No. 7. Ottawa, Department of National Health and Welfare, November 1958.
[8] "Survey of Group Practice." Journal of the American Medical Association. v. 164:1338-1348 (July 20, 1957).
[9] "Compile List of Group Practices." Journal of the American Medical Association v. 168:1367 (Nov. 8, 1958).
[10] National Association of Clinic Managers. Membership rules.
[11] American Association of Medical Clinics. By-laws.

Definition	Number of physicians required to join together in practice	Form of organization	Facilities and staff	Scope of services required	Method of distributing income	Other
Public Health Service Study, 1946.[6]	3 or more full time.	Excludes only organized hospital staffs where physicians participate on part-time voluntary basis, and informal groups sharing overhead but practicing as individuals.	Not specified.	Services must be provided in more than one medical field or specialty.	Income from medical practice must be pooled and redistributed to members according to some prearranged plan.	
California Study, 1952.[8]	3 or more full time.	Not specified, except to state that physicians must be formally organized for administration and financing.	Must be joint use of office facilities and auxiliary personnel.	Must be more than one specialty represented.	Income must be pooled and common overhead expenses shared, with net payments to physicians made according to prearranged plan.	
Canadian Study, 1954.[7]						
(1) "Clinic groups"	3 or more full time.	Not specified, except to state that a formal association must exist. Individual physician plus assistant(s) may be included.	Not specified.	Must be 2 or more specialties practiced, with at least 1 physician a full-time or part-time practitioner.	Income should be distributed in such a way that it indicated that physicians were associated (but this was not essential).	Group must practice effectively in one place. Some or all members of group should share responsibility for patients (but this was not essential).
(2) "Specialist groups"	2 or more full time.			May be one or more specialties.		
(3) "GP groups"	2 or more full time.			Must be all GP's.		
(4) "Other groups"	2 or more full time.			May be GP's plus specialists; or GP's who are part specialists.		
American Medical Association-American Association of Medical Clinics Study, 1954-57.[8]	4 or more.	Not specified, except to exclude closed panel prepayment groups.	Not specified.	May be all GP's; GP's plus specialists; or specialists in more than one field. Large referral clinics (Mayo, Lahey; etc.) excluded.	Income must be pooled and the earnings divided among the physicians on some prearranged agreement.	Study included only groups which were at least 3 years old.
American Medical Association Inventory, 1958[9]	2 or more.	Not specified.	Not specified.	Not specified.	Not specified.	
National Association of Clinic Managers, Membership rules.[10]	3 or more.	Must have as administrative head a full-time clinic manager in active supervision of business affairs.	Facilities must be pooled.	Must be both diagnosis and treatment.	Not specified.	
American Association of Medical Clinics, By-laws[11]						
(1) Full members	7 or more full time	Not specified	Must maintain a separate building or group of offices for conduct of practice.	Must be 5 or more different major specialties, 2 of which shall be internal medicine and general surgery, among full-time physicians.	Not specified.	Diagnostic groups excluded. Medical care shall be provided according to the principles of ethics of the AMA.
(2) Associate members	5 or more full time			Must be 3 or more different major specialties, including internal medicine and general surgery.		
Public Health Service Study, 1959.	3 or more.	Same as 1946 PHS survey.	Same as 1946 PHS survey.	No limitation.	Same as 1946 PHS survey.	

*Unless staff operated as a group outside hospital.

[1] Klotz, Walter C. Group Clinics A Study of Organized Medical Practice. New York, The Committee on Dispensary Development of the United Hospital Fund of New York, March 1927.

[2] Rorem, C Rufus Private Group Clinics. The Committee on the Costs of Medical Care, Publication No 8. Washington D. C., The Committee, 1931.

[3] "Private Group Practice." Journal of the American Medical Association, v. 100: 1605-1608, 1693-1699, 1773-1778 (May-June 1933).

[4] American Medical Association, Bureau of Medical Economics. Group Medical Practice Chicago, The Association, 1940

[5] Hunt, G Halsey Medical Groups in the United States, 1946. Washington, D. C., Public Health Service, 1947; and other publications from this survey.

[6] Weinerman, E. Richard, and George S. Goldstein. Medical Group Practice in California. Berkeley, University of California School of Public Health, June 1952.

[7] "A Survey of Medical Groups in Canada, 1954." Health Care Series Memorandum No. 7. Ottawa, Department of National Health and Welfare. November 1958.

[8] "Survey of Group Practice." Journal of the American Medical Association. v. 164:1338-1348 (July 20. 1957).

[9] "Compile List of Group Practices." Journal of the American Medical Association v. 168:1367 (Nov. 8. 1958).

[10] National Association of Clinic Managers. Membership rules.

[11] American Association of Medical Clinics. By-laws.

Exhibit B

PHS-3233
11-59

Form Approved Bureau of the
Budget No. 68-5919
Expires 6-30-60

Department of Health, Education, and Welfare
Public Health Service - Division of Public Health Methods
Washington 25, D. C.

GROUP PRACTICE STUDY

1. Name of Group _____

2. Street address _____

3. City and State _____

4. Number of physicians now practicing in group (do not include interns, residents, or fellows):

Full-time physicians		Part-time physicians	
Specialists:		Specialists:	
Board certified	____	Board certified	____
Non-certified	____	Non-certified	____
Partial specialists	____	Partial specialists	____
General practitioners	____	General practitioners	____
Total	____	Total	____

5. Primary or principal activity of group (please indicate approximate percentage of each activity):

   (a) General medical care to a continuing clientele . . . . . ____

   (b) Consultation or referral service (referred by outside physicians for care, usually for a single episode of illness) . . . . . ____

   (c) Diagnosis only (little or no treatment) . . . . . ____

6. Does the legal agreement of association in your group cover:

   (a) Use of common facilities? . . . . . Yes ____ No ____

   (b) Income from medical practice pooled and redistributed to members according to some prearranged plan? . . . . . Yes ____ No ____

   (c) Group responsibility for medical care of patient? . . . . Yes ____ No ____

7. Is the group incorporated for:

   (a) Practice of medicine? . . . . . Yes ____ No ____

   (b) Physical assets of group? . . . . . Yes ____ No ____

   (c) For purposes of taxation? . . . . . Yes ____ No ____

(Please turn page)

8. What is the form of your group organization? (check one)
   - (a) All partners, with no employed physicians . . . . . ☐
   - (b) Partners plus employed physicians . . . . . ☐
     - (1) Number of partners . . . . . ____
     - (2) Number of employed physicians . . . . ____
   - (c) Single owner plus employed physicians . . . . . ☐
   - (d) All physicians employed by:
     - (1) An Association (taxable as a corporation) . . . . . ☐
     - (2) A sponsoring agency (specify) _____ ☐
   - (e) Other (specify) _____ ☐

9. Method of income distribution to group physicians:

	(check one) Partners	(check one) Employed
(a) Salary only	☐	☐
(b) Salary plus share of net	☐	☐
(c) Share of net only	☐	☐
(d) Other (specify) _____	☐	☐

10. Date of organization as a group of 3 or more physicians _____

11. Number of full-time physicians when organized as a group . . . . . ____

12. In 1958, approximately what percentage of the group's patients received a complete physical examination? . . .
    - (a) Total patients . . . . . ____
    - (b) New Patients . . . . . ____

13. Specialties represented in group (please give number of physicians in each):

	Full-time	Part-time		Full-time	Part-time		Full-time	Part-time
General Practice	___	___	Pediatrics	___	___	Orthopedics	___	___
Internal Medicine	___	___	Otolaryngology	___	___	Dermatology	___	___
General Surgery	___	___	Ophthalmology	___	___	Pathology	___	___
Obstetrics	___	___	Radiology	___	___	Psychiatry	___	___
Gynecology	___	___	Urology	___	___	Dentistry	___	___

Other (specify) _____

14. Number of nursing personnel employed by group for clinic or outpatient work:
    - (a) Graduate professional nurses . . . . . ____
    - (b) Licensed practical nurses . . . . . ____
    - (c) Nursing aides . . . . . ____

15. Number of auxiliary personnel employed by group:
    - (a) Laboratory technicians ____
    - (b) X-ray technicians . . ____
    - (c) Physical therapists . ____
    - (d) Social workers . . . . ____
    - (e) Dental hygienists . . . ____
    - (f) Other (specify):
      _____ ____
      _____ ____

16. Does group have its clinic (offices) in a hospital? . . . . . Yes ____ No ____
    (a) If yes, please name hospital _____

17. Does group own a hospital? . . . . . Yes ____ No ____
    (a) If no, does group administratively control a hospital? . Yes ____ No ____
    (b) If yes in either case, please name hospital:

    _____ No. of beds ____

18. Is your group affiliated with, or part of, some other organization, such as a medical school, labor union, industry, consumer cooperative? Yes ____ No ____
    (a) If yes, please name organization and describe extent of affiliation:

    _____

    _____

    _____

19. Does group itself operate a prepayment plan? . . . . . Yes ____ No ____

20. Does group predominantly take care of patients for another organization which operates a prepayment plan? . . . . . Yes ____ No ____
    (a) If yes, please name organization _____

21. Approximately what percentage of the group's total annual gross income is derived from the following services?

(a) Physicians' fees (excluding X-ray and lab)	____	(e) Optical department	____
(b) Radiology department . . .	____	(f) Dentistry	____
(c) Laboratory	____	(g) Operation of own hospital .	____
(d) Pharmacy	____	(h) Other (specify):	
		_____	____

22. Of the total annual income derived from medical/surgical care, approximately what percentage is derived from direct payment by:

(a) Patients	____	(d) Labor Unions	____
(b) Blue Shield	____	(e) Industry	____
(c) Insurance Companies:		(f) Labor-Management Welfare Funds	____
(1) Health Insurance . . .	____	(g) State Funds, Workmen's Compensation . .	____
(2) Life (Medical exams.)	____		
(3) Workmen's Compensation	____		
(4) Liability	____	(h) Other (specify):	
		_____	____

23. Does group have any special program(s) for care or rehabilitation of patients with chronic disabilities? . . . . . Yes ____ No ____
    (a) If yes, please describe: _____

    _____

    _____

    _____

    _____

(Please turn page)

24. Does group have any special program(s) for care of its older patients (age 65 and over)? . . . . . Yes _____ No _____

If yes, please describe: _____

_____

_____

_____

_____

25. Does group have any formal method for maintaining quality of medical care? . . . . . Yes _____ No _____

If yes, please describe, using an additional sheet if needed: _____

_____

_____

_____

_____

26. Does group plan to increase its physician staff in 1960? . . . Yes _____ No _____

If yes, please indicate number of physicians and specialties:

Number	Specialty	Number	Specialty
_____	_____	_____	_____
_____	_____	_____	_____

27. The last Public Health Service survey of medical group practice was conducted in 1946. If your medical group was in existence at about that time, what would you say have been the most important changes in your own group during this period?

_____

_____

_____

_____

_____

28. Name of medical director or equivalent _____

29. Name of business manager (if none, please indicate) _____

30. Name of person submitting report _____

Date _____

Please Return In Enclosed Envelope Which Requires No Postage To:

Surgeon General, Public Health Service, Department of Health, Education, and Welfare, Washington 25, D. C.

Exhibit C

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE — WASHINGTON 25, D. C.

Refer to:

November 30, 1959

Gentlemen:

In 1946 the Public Health Service undertook a questionnaire survey of medical group practice in the United States as one of its researches in the field of medical care. The response was excellent, and the results were published in the J.A.M.A. (135:904-909, 1947). A new survey of medical group practice by the Public Health Service is now in progress, based on the enclosed questionnaire. The current survey is an effort to measure the extent and kinds of important changes that have taken place in medical group practice during the past 13 or 14 years, and has the endorsement of the American Medical Association, the American Association of Medical Clinics, and the National Association of Clinic Managers. Your own kind cooperation in furnishing the information called for in this questionnaire is respectfully requested.

The questionnaire is being circulated to all groups in the country, according to lists available to us. If perchance your clinic has previously furnished related information to the American Medical Association or a government agency, it may be noted that the current questionnaire will serve to provide much additional useful information as well as bring all data up-to-date.

If the group to which this letter is addressed has disbanded, would you kindly return the questionnaire with a notation to that effect. Otherwise, it will be much appreciated if the attached questionnaire is filled out at your earliest convenience and returned in the enclosed envelope which needs no postage. Thank you.

Sincerely yours,

Surgeon General

Appendix table 1. Percent of part-time physicians among group physicians in each geographic division, by type of group: 1959

Geographic division	All groups		Multispecialty and general practice groups		Single specialty groups	
	Number of physicians	Percent part time	Number of physicians	Percent part time	Number of physicians	Percent part time
United States.	14,841	21.2	13,268	23.5	1,573	1.9
New England.....	401	19.2	372	20.4	29	3.4
Middle Atlantic....	2,563	73.4	2,478	75.8	85	1.2
South Atlantic.....	1,220	11.0	880	14.9	340	0.9
East South Central...	639	9.5	573	10.6	66	.....
West South Central..	1,585	7.9	1,398	9.0	187	.....
East North Central..	2,310	10.4	1,998	11.4	312	4.2
West North Central.	2,644	6.7	2,353	7.1	291	3.4
Mountain.....	789	6.1	675	6.8	114	1.8
Pacific.....	2,690	15.0	2,541	15.9	149	.....

Appendix table 2. Number of medical groups in each geographic division and State, by type of group: 1959

Geographic division and State	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
United States	1,623	1,228	1,154	74	395
New England	27	21	18	3	6
Connecticut	6	3	3	0	3
Maine	1	1	1	0	0
Massachusetts	12	9	7	2	3
New Hampshire	5	5	5	0	0
Rhode Island	1	1	0	1	0
Vermont	2	2	2	0	0
Middle Atlantic	112	88	57	31	24
New Jersey	14	5	5	0	9
New York	69	60	36	24	9
Pennsylvania	29	23	16	7	6
South Atlantic	191	102	93	9	89
Delaware	1	1	1	0	0
District of Columbia	11	5	5	0	6
Florida	19	13	13	0	6
Georgia	24	16	14	2	8
Maryland	12	7	3	4	5
North Carolina	33	17	17	0	16
South Carolina	25	11	10	1	14
Virginia	48	21	20	1	27
West Virginia	18	11	10	1	7
East South Central	100	82	80	2	18
Alabama	19	15	15	0	4
Kentucky	29	24	23	1	5
Mississippi	35	29	29	0	6
Tennessee	17	14	13	1	3
West South Central	239	188	183	5	51
Arkansas	26	24	24	0	2
Louisiana	54	36	35	1	18
Oklahoma	25	24	24	0	1
Texas	134	104	100	4	30
East North Central	264	193	184	9	71
Illinois	52	44	40	4	8
Indiana	34	25	24	1	9
Michigan	37	30	30	0	7
Ohio	90	47	44	3	43
Wisconsin	51	47	46	1	4

Appendix table 2. (cont'd)

Geographic division and State	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
West North Central	368	293	286	7	75
Iowa	63	50	50	0	13
Kansas	34	30	30	0	4
Minnesota	152	118	115	3	34
Missouri	47	37	33	4	10
Nebraska	26	13	13	0	13
North Dakota	28	27	27	0	1
South Dakota	18	18	18	0	0
Mountain	114	85	84	1	29
Arizona	6	4	4	0	2
Colorado	42	20	20	0	22
Idaho	12	12	12	0	0
Montana	18	17	16	1	1
Nevada	5	3	3	0	2
New Mexico	8	8	8	0	0
Utah	15	13	13	0	2
Wyoming	8	8	8	0	0
Pacific	208	176	169	7	32
Alaska	0	0	0	0	0
California	139	116	110	6	23
Hawaii	11	11	11	0	0
Oregon	28	24	23	1	4
Washington	30	25	25	0	5

Appendix table 3. (cont'd)

Geographic division and State	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
West North Central	2,644	2,353	2,269	84	291
Iowa	408	361	361	0	47
Kansas	301	286	286	0	15
Minnesota	[1]1,110	[1]973	[1]963	10	137
Missouri	350	309	235	74	41
Nebraska	125	77	77	0	48
North Dakota	234	231	231	0	3
South Dakota	116	116	116	0	0
Mountain	789	675	672	3	114
Arizona	58	48	48	0	10
Colorado	264	180	180	0	84
Idaho	57	57	57	0	0
Montana	149	146	143	3	3
Nevada	26	16	16	0	10
New Mexico	83	83	83	0	0
Utah	120	113	113	0	7
Wyoming	32	32	32	0	0
Pacific	2,690	2,541	2,416	125	149
Alaska	0	0	0	0	0
California	2,050	1,949	1,833	116	101
Hawaii	111	111	111	0	0
Oregon	242	219	210	9	23
Washington	287	262	262	0	25

[1]Includes 320 physicians associated with Mayo Clinic.

Appendix table 4. Number of full- and part-time group physicians in each geographic division and State, by type of group: 1959

Geographic division and State	Total group physicians	Full-time physicians					Part-time physicians				
		All groups	Multispecialty and general practice groups			Single specialty groups	All groups	Multispecialty and general practice groups			Single specialty groups
			Total	3 or more full-time physicians	Less than 3 full-time physicians			Total	3 or more full-time physicians	Less than 3 full-time physicians	
United States	14,841	11,692	10,149	10,081	68	1,543	3,149	3,119	1,366	1,753	30
New England	401	324	296	294	2	28	77	76	12	64	1
Connecticut	46	45	30	30	0	15	1	0	0	0	1
Maine	5	5	5	5	0	0	0	0	0	0	0
Massachusetts	227	165	152	152	0	13	62	62	4	58	0
New Hampshire	102	96	96	96	0	0	6	6	6	0	0
Rhode Island	8	2	2	0	2	0	6	6	0	6	0
Vermont	13	11	11	11	0	0	2	2	2	0	0
Middle Atlantic	2,563	683	599	593	6	84	1,880	1,879	534	1,345	1
New Jersey	93	88	56	56	0	32	5	5	5	0	0
New York	1,781	426	395	390	5	31	1,355	1,355	409	946	0
Pennsylvania	689	169	148	147	1	21	520	519	120	399	1
South Atlantic	1,220	1,086	749	733	16	337	134	131	96	35	3
Delaware	5	4	4	4	0	0	1	1	1	0	0
District of Columbia	130	97	66	66	0	31	33	32	32	0	1
Florida	184	178	154	154	0	24	6	5	5	0	1
Georgia	156	128	100	97	3	28	28	28	24	4	0

Maryland	71	39	22	15	7	17	32	32	6	26	0
North Carolina	223	221	157	157	0	64	2	2	2	0	0
South Carolina	85	84	37	35	2	47	1	1	0	1	0
Virginia	242	216	114	112	2	102	26	25	24	1	1
West Virginia	124	119	95	93	2	24	5	5	2	3	0
East South Central	639	578	512	508	4	66	61	61	58	3	0
Alabama	177	142	127	127	0	15	35	35	35	0	0
Kentucky	178	167	151	149	2	16	11	11	10	1	0
Mississippi	169	161	139	139	0	22	8	8	8	0	0
Tennessee	115	108	95	93	2	13	7	7	5	2	0
West South Central	1,585	1,459	1,272	1,264	8	187	126	126	113	13	0
Arkansas	128	121	115	115	0	6	7	7	7	0	0
Louisiana	408	365	302	301	1	63	43	43	39	4	0
Oklahoma	190	174	168	168	0	6	16	16	16	0	0
Texas	859	799	687	680	7	112	60	60	51	9	0
East North Central	2,310	2,069	1,770	1,761	9	299	241	228	124	104	13
Illinois	638	505	460	456	4	45	133	127	58	69	6
Indiana	269	254	222	220	2	32	15	11	8	3	4
Michigan	371	344	318	318	0	26	27	27	27	0	0
Ohio	623	573	394	393	1	179	50	48	20	28	2
Wisconsin	409	393	376	374	2	17	16	15	11	4	1
West North Central	2,644	2,466	2,185	2,175	10	281	178	168	94	74	10
Iowa	408	398	352	352	0	46	10	9	9	0	1
Kansas	301	294	279	279	0	15	7	7	7	0	0
Minnesota	[1]1,110	[1]1,066	[1]935	[1]929	6	131	44	38	34	4	6
Missouri	350	249	209	205	4	40	101	100	30	70	1
Nebraska	125	123	77	77	0	46	2	0	0	0	2
North Dakota	234	232	229	229	0	3	2	2	2	0	0
South Dakota	116	104	104	104	0	0	12	12	12	0	0

Appendix table 4. (cont'd)

Geographic division and State	Total group physicians	Full-time physicians					Part-time physicians				
		All groups	Multispecialty and general practice groups			Single specialty groups	All groups	Multispecialty and general practice groups			Single specialty groups
			Total	3 or more full-time physicians	Less than 3 full-time physicians			Total	3 or more full-time physicians	Less than 3 full-time physicians	
Mountain	789	741	629	627	2	112	48	46	45	1	2
Arizona	58	58	48	48	0	10	0	0	0	0	0
Colorado	264	236	153	153	0	83	28	27	27	0	1
Idaho	57	53	53	53	0	0	4	4	4	0	0
Montana	149	140	137	135	2	3	9	9	8	1	0
Nevada	26	24	15	15	0	9	2	1	1	0	1
New Mexico	83	82	82	82	0	0	1	1	1	0	0
Utah	120	116	109	109	0	7	4	4	4	0	0
Wyoming	32	32	32	32	0	0	0	0	0	0	0
Pacific	2,690	2,286	2,137	2,126	11	149	404	404	290	114	0
Alaska	0	0	0	0	0	0	0	0	0	0	0
California	2,050	1,684	1,583	1,574	9	101	366	366	259	107	0
Hawaii	111	106	106	106	0	0	5	5	5	0	0
Oregon	242	229	206	204	2	23	13	13	6	7	0
Washington	287	267	242	242	0	25	20	20	20	0	0

[1]Includes 320 full-time physicians associated with the Mayo Clinic.

Appendix table 5. Full- and part-time group physicians in relation to total physicians in private practice and to civilian population in each geographic division and State: 1959

Geographic division and State	Number of group physicians			Group physicians as percent of physicians in private practice			Group physicians per 100,000 civilian population		
	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time
United States	14,841	11,692	3,149	9.2	7.3	1.9	8.5	6.7	1.8
New England	401	324	77	3.5	2.8	0.7	3.9	3.2	0.7
Connecticut	46	45	1	1.6	1.6	(1)	1.9	1.8	0.1
Maine	5	5	0	0.6	0.6	.....	0.5	0.5	.....
Massachusetts	227	165	62	3.8	2.8	1.0	4.5	3.3	1.2
New Hampshire	102	96	6	17.2	16.2	1.0	17.2	16.2	1.0
Rhode Island	8	2	6	0.9	0.2	0.7	1.0	0.3	0.7
Vermont	13	11	2	3.2	2.7	0.5	3.4	2.9	0.5
Middle Atlantic	2,563	683	1,880	6.4		4.7	7.6	2.0	
New Jersey	93	88	5	1.5		0.1	1.6	1.5	
New York	1,781	426	1,355	7.5		5.7	10.8	2.6	
Pennsylvania	689	169	520	6.5		4.9	6.1	1.5	
South Atlantic	1,220	1,086	134	6.4		0.7	4.8	4.3	
Delaware	5	4	1	1.4		0.3	1.1	0.9	
District of Columbia	130	97	33	8.8		2.2	17.4	13.0	
Florida	184	178	6	4.8		0.2	3.9	3.8	
Georgia	156	128	28	5.9		1.1	4.1	3.4	
Maryland	71	39	32	2.8		1.3	2.4	1.3	
North Carolina	223	221	2	8.0		0.1	5.0	5.0	
South Carolina	85	84	1	6.2		0.1	3.7	3.6	
Virginia	242	216	26	8.8		0.9	6.4	5.7	
West Virginia	124	119	5	9.7		0.4	6.6	6.3	

Appendix table 4. (cont'd)

Geographic division and State	Total group physicians	Full-time physicians					Part-time physicians				
		All groups	Multispecialty and general practice groups			Single specialty groups	All groups	Multispecialty and general practice groups			Single specialty groups
			Total	3 or more full-time physicians	Less than 3 full-time physicians			Total	3 or more full-time physicians	Less than 3 full-time physicians	
Mountain	789	741	629	627	2	112	48	46	45	1	2
Arizona	58	58	48	48	0	10	0	0	0	0	0
Colorado	264	236	153	153	0	83	28	27	27	0	1
Idaho	57	53	53	53	0	0	4	4	4	0	0
Montana	149	140	137	135	2	3	9	9	8	1	0
Nevada	26	24	15	15	0	9	2	1	1	0	1
New Mexico	83	82	82	82	0	0	1	1	1	0	0
Utah	120	116	109	109	0	7	4	4	4	0	0
Wyoming	32	32	32	32	0	0	0	0	0	0	0
Pacific	2,690	2,286	2,137	2,126	11	149	404	404	290	114	0
Alaska	0	0	0	0	0	0	0	0	0	0	0
California	2,050	1,684	1,583	1,574	9	101	366	366	259	107	0
Hawaii	111	106	106	106	0	0	5	5	5	0	0
Oregon	242	229	206	204	2	23	13	13	6	7	0
Washington	287	267	242	242	0	25	20	20	20	0	0

[1]Includes 320 full-time physicians associated with the Mayo Clinic.

Appendix table 5. Full- and part-time group physicians in relation to total physicians in private practice and to civilian population in each geographic division and State: 1959

Geographic division and State	Number of group physicians			Group physicians as percent of physicians in private practice			Group physicians per 100,000 civilian population		
	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time
United States	14,841	11,692	3,149	9.2	7.3	1.9	8.5	6.7	1.8
New England	401	324	77	3.5	2.8	0.7	3.9	3.2	0.7
Connecticut	46	45	1	1.6	1.6	(1)	1.9	1.8	0.1
Maine	5	5	0	0.6	0.6	.....	0.5	0.5	.....
Massachusetts	227	165	62	3.8	2.8	1.0	4.5	3.3	1.2
New Hampshire	102	96	6	17.2	16.2	1.0	17.2	16.2	1.0
Rhode Island	8	2	6	0.9	0.2	0.7	1.0	0.3	0.7
Vermont	13	11	2	3.2	2.7	0.5	3.4	2.9	0.5
Middle Atlantic	2,563	683	1,880	6.4	1.7	4.7	7.6	2.0	5.6
New Jersey	93	88	5	1.5	1.4	0.1	1.6	1.5	0.1
New York	1,781	426	1,355	7.5	1.8	5.7	10.8	2.6	8.2
Pennsylvania	689	169	520	6.5	1.6	4.9	6.1	1.5	4.6
South Atlantic	1,220	1,086	134	6.4	5.7	0.7	4.8	4.3	0.5
Delaware	5	4	1	1.4	1.1	0.3	1.1	0.9	0.2
District of Columbia	130	97	33	8.8	6.6	2.2	17.4	13.0	4.4
Florida	184	178	6	4.8	4.6	0.2	3.9	3.8	0.1
Georgia	156	128	28	5.9	4.8	1.1	4.1	3.4	0.7
Maryland	71	39	32	2.8	1.5	1.3	2.4	1.3	1.1
North Carolina	223	221	2	8.0	7.9	0.1	5.0	5.0	(1)
South Carolina	85	84	1	6.2	6.1	0.1	3.7	3.6	0.1
Virginia	242	216	26	8.8	7.9	0.9	6.4	5.7	0.7
West Virginia	124	119	5	9.7	9.3	0.4	6.6	6.3	0.3

Appendix table 5. (cont'd)

Geographic division and State	Number of group physicians			Group physicians as percent of physicians in private practice			Group physicians per 100,000 civilian population		
	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time
East South Central	639	578	61	8.2	7.4	0.8	5.4	4.9	0.5
Alabama	177	142	35	9.2	7.4	1.8	5.5	4.4	1.1
Kentucky	178	167	11	8.5	8.0	0.5	6.0	5.6	0.4
Mississippi	169	161	8	13.2	12.6	0.6	7.9	7.5	0.4
Tennessee	115	108	7	4.6	4.3	0.3	3.3	3.1	0.2
West South Central	1,585	1,459	126	12.6	11.6	1.0	9.6	8.8	0.8
Arkansas	128	121	7	10.2	9.6	0.6	7.2	6.8	0.4
Louisiana	408	365	43	17.3	15.5	1.8	12.8	11.5	1.3
Oklahoma	190	174	16	10.8	9.9	0.9	8.4	7.7	0.7
Texas	859	799	60	11.9	11.1	0.8	9.2	8.6	0.6
East North Central	2,310	2,069	241	7.7	6.9	0.8	6.5	5.8	0.7
Illinois	638	505	133	6.7	5.3	1.4	6.4	5.1	1.3
Indiana	269	254	15	7.6	7.2	0.4	5.8	5.5	0.3
Michigan	371	344	27	6.7	6.2	0.5	4.8	4.4	0.4
Ohio	623	573	50	7.5	6.9	0.6	6.5	6.0	0.5
Wisconsin	409	393	16	12.9	12.4	0.5	10.5	10.1	0.4
West North Central	2,644	2,466	178	21.9	20.4	1.5	17.4	16.2	1.2
Iowa	408	398	10	19.1	18.6	0.5	14.9	14.5	0.4
Kansas	301	294	7	18.2	17.8	0.4	14.1	13.8	0.3
Minnesota	1,110	1,066	44	41.6	39.9	1.7	32.9	31.6	1.3

Missouri	350	249	101	10.0	7.1	2.9	8.2	5.8	2.4
Nebraska	125	123	2	10.2	10.1	0.1	9.0	8.9	0.1
North Dakota	234	232	2	52.7	52.3	0.4	37.5	37.2	0.3
South Dakota	116	104	12	27.0	24.2	2.8	17.3	15.5	1.8
Mountain	789	741	48	14.1	13.2	0.9	11.9	11.2	0.7
Arizona	58	58	0	6.0	6.0	.....	4.7	4.7	.....
Colorado	264	236	28	14.7	13.1	1.6	15.5	13.9	1.6
Idaho	57	53	4	11.4	10.6	0.8	8.7	8.1	0.6
Montana	149	140	9	27.1	25.5	1.6	22.6	21.2	1.4
Nevada	26	24	2	11.2	10.3	0.9	9.6	8.9	0.7
New Mexico	83	82	1	15.3	15.1	0.2	9.2	9.1	0.1
Utah	120	116	4	15.7	15.2	0.5	13.7	13.3	0.4
Wyoming	32	32	0	13.2	13.2	.....	9.9	9.9	.....
Pacific	2,690	2,286	404	12.2	10.4	1.8	13.3	11.3	2.0
Alaska	0	0	0	.....	.....	.....	.....	.....	.....
California	2,050	1,684	366	12.0	9.9	2.1	13.6	11.2	2.4
Hawaii	111	106	5	23.2	22.1	1.1	19.7	18.8	0.9
Oregon	242	229	13	14.3	13.5	0.8	13.8	13.1	0.7
Washington	287	267	20	10.6	9.9	0.7	10.4	9.7	0.7

[1]Less than 0.05.

Appendix table 6. Distribution of medical groups and group physicians, by type of county and type of group: 1959

Type of county	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
	Number of groups				
All types	1,623	1,228	1,154	74	395
Metropolitan	867	539	480	59	328
Adjacent	230	205	199	6	25
Isolated	526	484	475	9	42
	Percent distribution of groups				
All types	100.0	100.0	100.0	100.0	100.0
Metropolitan	53.4	43.9	41.6	79.7	83.1
Adjacent	14.2	16.7	17.2	8.1	6.3
Isolated	32.4	39.4	41.2	12.2	10.6
	Number of group physicians				
All types	14,841	13,268	11,447	1,821	1,573
Metropolitan	9,702	8,364	6,600	1,764	1,338
Adjacent	1,547	1,461	1,438	23	86
Isolated	3,592	3,443	3,409	34	149
	Percent distribution of group physicians				
All types	100.0	100.0	100.0	100 0	100 0
Metropolitan	65.4	63 0	57.6	96.9	85.0
Adjacent	10.4	11 0	12.6	1 2	5.5
Isolated	24.2	26.0	29.8	1 9	9.5
	Number of full-time group physicians				
All types	11,692	10,149	10,081	68	1,543
Metropolitan	6,807	5,495	5,453	42	1,312
Adjacent	1,464	1,380	1,371	9	84
Isolated	3,421	3,274	3,257	17	147
	Percent distribution of full-time group physicians				
All types	100.0	100 0	100.0	100 0	100.0
Metropolitan	58.2	54 1	54.1	61 8	85.0
Adjacent	12.5	13 6	13.6	13.2	5.5
Isolated	29.3	32.3	32.3	25.0	9.5

Appendix table 7. Percent distribution of medical groups in each geographic division, by type of county: 1959

Geographic division	Number of groups	Percent distribution by type of county			
		All types	Metropolitan	Adjacent	Isolated
United States...	1,623	100.0	53.4	14.2	32.4
New England.....	27	100.0	70.4	14.8	14.8
Middle Atlantic.....	112	100.0	80.4	10.7	8.9
South Atlantic.....	191	100.0	57.6	14.7	27.7
East South Central.....	100	100.0	26.0	10.0	64.0
West South Central....	239	100.0	43.9	18.0	38.1
East North Central.....	264	100.0	61.4	21.2	17.4
West North Central....	368	100.0	41.3	10.1	48.6
Mountain.....	114	100.0	42.1	11.4	46.5
Pacific.....	208	100.0	74.5	13.0	12.5

Appendix table 8. Percent of part-time physicians in multispecialty and general practice groups with three or more full-time physicians in each geographic division: 1946 and 1959

Geographic division	Number of group physicians		Percent part time	
	1946	1959	1946	1959
United States[1].....	3,493	11,447	11.7	11.9
New England.....	68	306	10.3	3.9
Middle Atlantic.....	247	1,127	47.0	47.4
South Atlantic.....	224	829	20.1	11.6
East South Central.....	196	566	16.8	10.2
West South Central.....	490	1,377	6.5	8.2
East North Central.....	599	1,885	5.0	6.6
West North Central.....	806	2,269	4.0	4.1
Mountain.....	301	672	8.0	6.7
Pacific.....	562	2,416	16.0	12.0

[1]Alaska and Hawaii not included in 1946 study.

Appendix table 9. Number of multispecialty and general practice groups with three or more full-time physicians and physicians in these groups in each geographic division and State: 1946 and 1959

Geographic division and State	Medical groups		Group physicians					
			Total		Full time		Part time	
	1946	1959	1946	1959	1946	1959	1946	1959
United States	368	1,154	3,493	11,447	3,084	10,081	409	1,366
New England	8	18	68	306	61	294	7	12
Connecticut	0	3	0	30	0	30	0	0
Maine	0	1	0	5	0	5	0	0
Massachusetts	2	7	12	156	9	152	3	4
New Hampshire	4	5	45	102	43	96	2	6
Rhode Island	0	0	0	0	0	0	0	0
Vermont	2	2	11	13	9	11	2	2
Middle Atlantic	17	57	247	1,127	131	593	116	534
New Jersey	5	5	36	61	29	56	7	5
New York	10	36	173	799	69	390	104	409
Pennsylvania	2	16	38	267	33	147	5	120
South Atlantic	21	93	224	829	179	733	45	96
Delaware	1	1	7	5	3	4	4	1
District of Columbia	1	5	19	98	11	66	8	32
Florida	2	13	18	159	18	154	0	5
Georgia	2	14	12	121	11	97	1	24
Maryland	1	3	8	21	4	15	4	6
North Carolina	7	17	78	159	77	157	1	2
South Carolina	1	10	12	35	5	35	7	0
Virginia	3	20	38	136	20	112	18	24
West Virginia	3	10	32	95	30	93	2	2
East South Central	19	80	196	566	163	508	33	58
Alabama	8	15	126	162	98	127	28	35
Kentucky	2	23	7	159	7	149	0	10
Mississippi	5	29	46	147	41	139	5	8
Tennessee	4	13	17	98	17	93	0	5
West South Central	57	183	490	1,377	458	1,264	32	113
Arkansas	8	24	51	122	47	115	4	7
Louisiana	10	35	118	340	108	301	10	39
Oklahoma	13	24	88	184	79	168	9	16
Texas	26	100	233	731	224	680	9	51
East North Central	75	184	599	1,885	569	1,761	30	124
Illinois	19	40	135	514	128	456	7	58
Indiana	14	24	105	228	100	220	5	8
Michigan	5	30	49	345	45	318	4	27
Ohio	10	44	126	413	113	393	13	20
Wisconsin	27	46	184	385	183	374	1	11

Appendix table 9. (cont'd)

Geographic division and State	Medical groups		Group physicians					
			Total		Full time		Part time	
	1946	1959	1946	1959	1946	1959	1946	1959
West North Central	87	286	806	2,269	774	2,175	32	94
Iowa	10	50	70	361	63	352	7	9
Kansas	13	30	73	286	72	279	1	7
Minnesota	37	115	486	963	468	929	18	34
Missouri	5	33	24	235	23	205	1	30
Nebraska	9	13	45	77	44	77	1	0
North Dakota	8	27	87	231	83	229	4	2
South Dakota	5	18	21	116	21	104	0	12
Mountain	40	84	301	672	277	627	24	45
Arizona	3	4	27	48	27	48	0	0
Colorado	5	20	55	180	47	153	8	27
Idaho	3	12	10	57	10	53	0	4
Montana	16	16	106	143	103	135	3	8
Nevada	2	3	11	16	10	15	1	1
New Mexico	1	8	15	83	15	82	0	1
Utah	7	13	62	113	50	109	12	4
Wyoming	3	8	15	32	15	32	0	0
Pacific	44	169	562	2,416	472	2,126	90	290
Alaska	(1)	0	(1)	0	(1)	0	(1)	0
California	26	110	398	1,833	315	1,574	83	259
Hawaii	(1)	11	(1)	111	(1)	106	(1)	5
Oregon	7	23	71	210	71	204	0	6
Washington	11	25	93	262	86	242	7	20

[1]Not included in survey.

Appendix table 10. Physicians in multispecialty and general practice groups with three or more full-time physicians in relation to total physicians in private practice and to population in each geographic division and State: 1946 and 1959

Geographic division and State	Number of physicians in multispecialty groups with 3 or more full-time physicians		Group physicians as a percent of physicians in private practice		Group physicians per 100,000 civilian population	
	1946	1959	1946	1959	1946	1959
United States	3,493	11,447	3.0	7.1	2.5	6.5
New England	68	306	0.8	2.7	0.8	3.0
Connecticut	0	30	.....	1.0	.....	1.2
Maine	0	5	.....	0.6	.....	0.5
Massachusetts	12	156	0.3	2.6	0.3	3.1
New Hampshire	45	102	10.1	17.2	9.2	17.2
Rhode Island	0	0	.....	.....	.....	.....
Vermont	11	13	3.0	3.2	3.2	3.4
Middle Atlantic	247	1,127	0.7	2 8	0.9	3.3
New Jersey	36	61	0.9	1.0	0.8	1.0
New York	173	799	0.9	3.4	1.3	4.8
Pennsylvania	38	267	0.4	2.5	0.4	2.4
South Atlantic	224	829	1.9	4.3	1.2	3.3
Delaware	7	5	2.8	1.3	2.3	1.2
District of Columbia	19	98	1.7	6.7	2.2	13.1
Florida	18	159	1.3	4.1	0.8	3.4
Georgia	12	121	0.6	4.6	0.4	3.2
Maryland	8	21	0.4	0.8	0 4	0.7
North Carolina	78	159	4.9	5.7	2 1	3.6
South Carolina	12	35	1.2	2.5	0 6	1.5
Virginia	38	136	2.1	5.0	1.2	3 6
West Virginia	32	95	3.3	7.4	1.8	5.1
East South Central	196	566	3.4	7.2	1.8	4 8
Alabama	126	162	9.3	8.4	4.4	5.0
Kentucky	7	159	0 4	7.6	0 3	5.4
Mississippi	46	147	4.3	11.5	2 2	6 9
Tennessee	17	98	1.1	3.9	0 6	2.8
West South Central	490	1,377	6.1	10.9	3.6	8.3
Arkansas	51	122	4.3	9.7	2.9	6 9
Louisiana	118	340	7.9	14.4	4.7	10 7
Oklahoma	88	184	5.7	10.5	4.2	8.1
Texas	233	731	6.1	10.1	3 3	7 9

Appendix table 10. (cont'd)

Geographic division and State	Number of physicians in multispecialty groups with 3 or more full-time physicians		Group physicians as a percent of physicians in private practice		Group physicians per 100,000 civilian population	
	1946	1959	1946	1959	1946	1959
East North Central	599	1,885	2.5	6.3	2.1	5.3
Illinois	135	514	1.6	5.4	1.7	5.2
Indiana	105	228	3.6	6.5	2.9	4.9
Michigan	49	345	1.1	6.2	0.8	4.5
Ohio	126	413	1.9	5.0	1.7	4.3
Wisconsin	184	385	7.9	12.2	5.8	9.8
West North Central	806	2,269	7.8	18.8	6.1	14.9
Iowa	70	361	3.5	16.9	2.8	13.2
Kansas	73	286	6.5	17.3	4.1	13.5
Minnesota[1]	486	963	21.3	36.1	17.8	28.6
Missouri	24	235	0.8	6.7	0.6	5.5
Nebraska	45	77	3.8	6.3	3.6	5.6
North Dakota	87	231	25.7	52.0	15.3	37.0
South Dakota	21	116	6.5	27.0	3.6	17.3
Mountain	301	672	9 3	12.0	6.9	10.2
Arizona	27	48	6.2	5.0	4.4	3.9
Colorado	55	180	5.1	10.0	4.7	10.6
Idaho	10	57	3 3	11.4	2.0	8.7
Montana	106	143	27.7	26.0	20.7	21.6
Nevada	11	16	7.7	6.9	7.7	5.9
New Mexico	15	83	5.7	15.3	2.7	9.2
Utah	62	113	13.5	14.8	9.9	12.9
Wyoming	15	32	8.5	13.2	6.0	9.9
Pacific	562	2,416	5.0	11.0	4.4	11.9
Alaska	(2)	0	(2)	.....	(2)	.....
California	398	1,833	4.7	10.7	4.3	12.2
Hawaii	(2)	111	(2)	23.2	(2)	19.7
Oregon	71	210	7.1	12.4	5.3	12.0
Washington	93	262	5.6	9.7	4.2	9.5

[1]Excluding Mayo Clinic with 250 physicians in 1946 and 320 in 1959, the rates would be 8 6, 19 1 and 7.7, 24.1.
[2]Not included in survey.

Appendix table 11. Distribution of medical groups, by size and type of group: 1959

Size of group (full-time physicians)	Number of groups			Percent distribution		
	All types	Multispecialty and general practice	Single specialty	All types	Multispecialty and general practice	Single specialty
All sizes...	1,623	1,228	395	100.0	100.0	100.0
Less than 3.....	77	74	3	4.7	6.0	0.7
3.....	534	327	207	32.9	26.6	52.4
4.....	303	196	107	18.7	16.0	27.1
5.....	174	137	37	10.7	11.2	9.4
6–10.....	316	279	37	19.5	22.7	9.4
11-15.....	91	88	3	5.6	7.2	0.7
16-25.....	82	81	1	5.1	6.6	0.3
26 or more.....	46	46	0	2.8	3.7	.....
Median size.....	4	5	3	.....	.....	.....

Appendix table 12. Distribution of group physicians, by size and type of group: 1959

Size of group (full-time physicians)	All groups	Multispecialty and general practice groups			Single specialty groups[1]
		Total	Full time	Part time	
	Number of group physicians				
All sizes	14,841	13,268	10,149	3,119	1,573
Less than 3	1,832	1,821	68	1,753	11
3	1,719	1,093	981	112	626
4	1,347	910	784	126	437
5	1,067	876	685	191	191
6-10	2,623	2,367	2,081	286	256
11-15	1,421	1,386	1,111	275	35
16-25	1,730	1,713	1,522	191	17
26 or more	3,102	3,102	2,917	185	0
	Percent distribution				
All sizes	100.0	100.0	100.0	100.0	100.0
Less than 3	12.3	13.7	0.6	56.3	0.7
3	11.6	8.2	9.7	3.6	39.8
4	9.1	6.9	7.7	4.0	27.8
5	7.2	6.6	6.8	6.1	12.1
6-10	17.7	17.8	20.5	9.2	16.3
11-15	9.6	10.5	11.0	8.8	2.2
16-25	11.6	12.9	15.0	6.1	1.1
26 or more	20.9	23.4	28.7	5.9	.....

[1]Almost all physicians in single specialty groups were on a full-time basis.

Appendix table 13. Percent distribution of medical groups in each size category of group, by type of group and geographic division: 1959

Geographic division	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
	Multispecialty and general practice groups						
Number of groups	1,228	74	660	279	88	81	46
Percent distribution:							
United States	100.0	100.0	100.0	100.0	100.0	100.0	100.0
New England	1.7	4.1	0.8	1.8	4.6	1.2	6.5
Middle Atlantic	7.2	41.9	3.0	6.1	10.2	7.4	10.9
South Atlantic	8.3	12.2	8.3	6.8	10.2	7.4	8.7
East South Central	6.7	2.7	8.3	5.0	3.4	6.2	6.5
West South Central	15.3	6.7	17.1	14.0	25.0	6.2	8.7
East North Central	15.7	12.2	14.4	16.9	19.3	22.2	15.2
West North Central	23.9	9.4	29.1	22 2	11.4	18.5	15.2
Mountain	6.9	1.4	7.3	8 2	3.4	9.9	4.4
Pacific	14.3	9.4	11.7	19.0	12.5	21.0	23.9
	Single specialty groups						
Number of groups	395	3	351	37	3	1	0
Percent distribution:							
United States	100.0	100.0	100.0	100.0	100 0	100.0	100.0
New England	1.5	.....	1.1	5.4	.....	.....	.....
Middle Atlantic	6.1	.....	6.9	.	.	.....	.....
South Atlantic	22.5	.....	23.4	16.2	33 4	..	. ....
East South Central	4.6	...	5.1		.	. .	.....
West South Central	12.9		13 1	13.5			....
East North Central	18 0	33.3	16 8	24 4	33 3	100 0	....
West North Central	19 0	66.7	19.1	13 5	33 3	.	....
Mountain	7 3	. .	7.4	8.1		.	....
Pacific	8.1	....	7.1	18.9	...	..	....

Appendix table 14. Average size of medical groups in each geographic division and State, by type of group: 1959

Geographic division and State	All types			Multispecialty and general practice			Single specialty		
	Number of groups	Average number of physicians		Number of groups	Average number of physicians		Number of groups	Average number of physicians	
		Full time	Equivalent full time [1]		Full time	Equivalent full time [1]		Full time	Equivalent full time [1]
United States	1,623	7.2	8.2	1,228	8.3	9.5	395	3.9	3.9
New England	27	12.0	13.4	21	14.1	15.9	6	4.7	4.8
Connecticut	6	7.5	7.6	3	10.0	10.0	3	5.0	5.2
Maine	1	5.0	5.0	1	5.0	5.0	0	.....	.....
Massachusetts	12	13.8	16.3	9	16.9	20.3	3	4.3	4.3
New Hampshire	5	19.2	19.8	5	19.2	19.8	0	.....	.....
Rhode Island	1	2.0	5.0	1	2.0	5.0	0	.....	.....
Vermont	2	5.5	6.0	2	5.5	6.0	0	.....	.....
Middle Atlantic	112	6.1	14.5	88	6.8	17.5	24	3.5	3.5
New Jersey	14	6.3	6.5	5	11.2	11.7	9	3.6	3.6
New York	69	6.2	16.0	60	6.6	17.9	9	3.4	3.4
Pennsylvania	29	5.8	14.8	23	6.4	17.7	6	3.5	3.6
South Atlantic	191	5.7	6.0	102	7.3	8.0	89	3.8	3.8
Delaware	1	4.0	4.5	1	4.0	4.5	0	.....	.....
District of Columbia	11	8.8	10.3	5	13.2	16.4	6	5.2	5.2
Florida	19	9.4	9.5	13	11.8	12.0	6	4.0	4.1
Georgia	24	5.3	5.9	16	6.2	7.1	8	3.5	3.5
Maryland	12	3.3	4.6	7	3.1	5.4	5	3.4	3.4
North Carolina	33	6.7	6.7	17	9.2	9.3	16	4.0	4.0
South Carolina	25	3.4	3.4	11	3.4	3.4	14	3.4	3.4

Appendix table 14. (cont'd)

Geographic division and State	All types			Multispecialty and general practice			Single specialty		
	Number of groups	Average number of physicians		Number of groups	Average number of physicians		Number of groups	Average number of physicians	
		Full time	Equivalent full time[1]		Full time	Equivalent full time[1]		Full time	Equivalent full time[1]
Virginia	48	4.5	4.8	21	5.4	6.0	27	3.8	3.8
West Virginia	18	6.6	6.8	11	8.6	8.9	7	3.4	3.4
East South Central	100	5.8	6.1	82	6.2	6.6	18	3.7	3.7
Alabama	19	7.5	8.4	15	8.5	9.6	4	3.8	3.8
Kentucky	29	5.8	5.9	24	6.3	6.5	5	3.2	3.2
Mississippi	35	4.6	4.7	29	4.8	4.9	6	3.7	3.7
Tennessee	17	6.4	6.6	14	6.8	7.0	3	4.3	4.3
West South Central	239	6.1	6.4	188	6.8	7.1	51	3.7	3.7
Arkansas	26	4.7	4.8	24	4.8	4.9	2	3.0	3.0
Louisiana	54	6.8	7.2	36	8.4	9.0	18	3.5	3.5
Oklahoma	25	7.0	7.3	24	7.0	7.3	1	6.0	6.0
Texas	134	6.0	6.2	104	6.6	6.9	30	3.7	3.7
East North Central	264	7.8	8.3	193	9.2	9.8	71	4.2	4.3
Illinois	52	9.7	11.0	44	10.5	11.9	8	5.6	6.0
Indiana	34	7.5	7.7	25	8.9	9.1	9	3.6	3.8
Michigan	37	9.3	9.7	30	10.6	11.0	7	3.7	3.7
Ohio	90	6.4	6.6	47	8.4	8.9	43	4.2	4.2
Wisconsin	51	7.7	7.9	47	8.0	8.2	4	4.2	4.4

West North Central	368	6.7	6.9	293	7.5	7.7	75	3.7	3.8
Iowa	63	6.3	6.4	50	7.0	7.1	13	3 5	3.6
Kansas	34	8.6	8.8	30	9.3	9.4	4	3.8	3.8
Minnesota	152	7.0	7.2	118	7.9	8.1	34	3.9	3.9
Missouri	47	5.3	6.4	37	5.6	7.0	10	4.0	4.0
Nebraska	26	4.7	4.8	13	5.9	5.9	13	3.5	3.6
North Dakota	28	8.3	8.3	27	8.5	8.5	1	3.0	3.0
South Dakota	18	5.8	6.1	18	5.8	6 1	0	.....	.....
Mountain	114	6.5	6.7	85	7.4	7.7	29	3.9	3 9
Arizona	6	9.7	9.7	4	12.0	12.0	2	5 0	5.0
Colorado	42	5.6	6.0	20	7.6	8.3	22	3.8	3.8
Idaho	12	4.4	4.6	12	4.4	4.6	0	.....	.....
Montana	18	7.8	8.0	17	8.1	8.3	1	3.0	3.0
Nevada	5	4.8	5.0	3	5.0	5.2	2	4.5	4.8
New Mexico	8	10.3	10.3	8	10.2	10.3	0	.....	.....
Utah	15	7.7	7.9	13	8.4	8.5	2	3.5	3.5
Wyoming	8	4.0	4.0	8	4.0	4.0	0	.....	.....
Pacific	208	11.0	12.0	176	12.1	13.3	32	4.7	4.7
Alaska	0	.....	.....	0	.....	.....	0	.....	.....
California	139	12.1	13.4	116	13.6	15.2	23	4.4	4.4
Hawaii	11	9.6	9.9	11	9.6	9.9	0	.....	.....
Oregon	28	8.2	8.4	24	8.6	8.9	4	5.8	5.8
Washington	30	8.9	9.2	25	9.7	10.1	5	5.0	5.0

[1]Estimated by equating 2 part-time physicians to 1 full-time physician.

Appendix table 15. Number of multispecialty and general practice groups in each geographic division and State, by size of group: 1959

Geographic division and State	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
United States	1,228	74	660	279	88	81	46
New England	21	3	5	5	4	1	3
Connecticut	3	0	1	1	0	1	0
Maine	1	0	1	0	0	0	0
Massachusetts	9	2	2	1	2	0	2
New Hampshire	5	0	0	2	2	0	1
Rhode Island	1	1	0	0	0	0	0
Vermont	2	0	1	1	0	0	0
Middle Atlantic	88	31	20	17	9	6	5
New Jersey	5	0	2	2	0	0	1
New York	60	24	12	8	8	5	3
Pennsylvania	23	7	6	7	1	1	1
South Atlantic	102	9	55	19	9	6	4
Delaware	1	0	1	0	0	0	0
District of Columbia	5	0	1	1	1	2	0
Florida	13	0	5	2	3	1	2
Georgia	16	2	9	4	0	0	1
Maryland	7	4	2	1	0	0	0
North Carolina	17	0	10	3	2	1	1
South Carolina	11	1	9	1	0	0	0
Virginia	21	1	14	4	2	0	0
West Virginia	11	1	4	3	1	2	0
East South Central	82	2	55	14	3	5	3
Alabama	15	0	9	3	0	1	2
Kentucky	24	1	14	5	2	1	1
Mississippi	29	0	25	2	0	2	0
Tennessee	14	1	7	4	1	1	0
West South Central	188	5	113	39	22	5	4
Arkansas	24	0	21	2	0	1	0
Louisiana	36	1	23	4	5	1	2
Oklahoma	24	0	13	6	3	2	0
Texas	104	4	56	27	14	1	2
East North Central	193	9	95	47	17	18	7
Illinois	44	4	18	10	6	4	2
Indiana	25	1	10	6	3	5	0
Michigan	30	0	17	8	3	1	1
Ohio	47	3	27	10	1	4	2
Wisconsin	47	1	23	13	4	4	2

Appendix table 15. (cont'd)

Geographic division and State	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
West North Central	293	7	192	62	10	15	7
Iowa	50	0	37	8	1	3	1
Kansas	30	0	15	11	0	2	2
Minnesota	118	3	85	19	6	3	2
Missouri	37	4	19	11	0	3	0
Nebraska	13	0	10	1	1	1	0
North Dakota	27	0	17	4	2	2	2
South Dakota	18	0	9	8	0	1	0
Mountain	85	1	48	23	3	8	2
Arizona	4	0	1	1	0	2	0
Colorado	20	0	10	6	2	2	0
Idaho	12	0	10	2	0	0	0
Montana	17	1	9	4	0	2	1
Nevada	3	0	2	1	0	0	0
New Mexico	8	0	5	2	0	0	1
Utah	13	0	5	5	1	2	0
Wyoming	8	0	6	2	0	0	0
Pacific	176	7	77	53	11	17	11
Alaska	0	0	0	0	0	0	0
California	116	6	47	38	7	12	6
Hawaii	11	0	7	2	0	0	2
Oregon	24	1	8	9	2	3	1
Washington	25	0	15	4	2	2	2

Appendix table 16. Number of single specialty groups in each geographic division and State, by size of group: 1959

Geographic division and State	All sizes	Size of group (full-time physicians)				
		Less than 3	3–5	6–10	11–15	16–25
United States	395	3	351	37	3	1
New England	6	0	4	2	0	0
Connecticut	3	0	2	1	0	0
Maine	0	0	0	0	0	0
Massachusetts	3	0	2	1	0	0
New Hampshire	0	0	0	0	0	0
Rhode Island	0	0	0	0	0	0
Vermont	0	0	0	0	0	0
Middle Atlantic	24	0	24	0	0	0
New Jersey	9	0	9	0	0	0
New York	9	0	9	0	0	0
Pennsylvania	6	0	6	0	0	0
South Atlantic	89	0	82	6	1	0
Delaware	0	0	0	0	0	0
District of Columbia	6	0	4	1	1	0
Florida	6	0	6	0	0	0
Georgia	8	0	7	1	0	0
Maryland	5	0	5	0	0	0
North Carolina	16	0	14	2	0	0
South Carolina	14	0	14	0	0	0
Virginia	27	0	25	2	0	0
West Virginia	7	0	7	0	0	0
East South Central	18	0	18	0	0	0
Alabama	4	0	4	0	0	0
Kentucky	5	0	5	0	0	0
Mississippi	6	0	6	0	0	0
Tennessee	3	0	3	0	0	0
West South Central	51	0	46	5	0	0
Arkansas	2	0	2	0	0	0
Louisiana	18	0	18	0	0	0
Oklahoma	1	0	0	1	0	0
Texas	30	0	26	4	0	0
East North Central	71	1	59	9	1	1
Illinois	8	1	4	2	0	1
Indiana	9	0	9	0	0	0
Michigan	7	0	6	1	0	0
Ohio	43	0	37	5	1	0
Wisconsin	4	0	3	1	0	0

Appendix table 16. (cont'd)

Geographic division and State	All Sizes	Size of group (full-time physicians)				
		Less than 3	3–5	6–10	11–15	16–25
West North Central	75	2	67	5	1	0
Iowa	13	0	12	1	0	0
Kansas	4	0	4	0	0	0
Minnesota	34	1	30	2	1	0
Missouri	10	1	8	1	0	0
Nebraska	13	0	12	1	0	0
North Dakota	1	0	1	0	0	0
South Dakota	0	0	0	0	0	0
Mountain	29	0	26	3	0	0
Arizona	2	0	1	1	0	0
Colorado	22	0	20	2	0	0
Idaho	0	0	0	0	0	0
Montana	1	0	1	0	0	0
Nevada	2	0	2	0	0	0
New Mexico	0	0	0	0	0	0
Utah	2	0	2	0	0	0
Wyoming	0	0	0	0	0	0
Pacific	32	0	25	7	0	0
Alaska	0	0	0	0	0	0
California	23	0	19	4	0	0
Hawaii	0	0	0	0	0	0
Oregon	4	0	3	1	0	0
Washington	5	0	3	2	0	0

Appendix table 17. Percent distribution of medical groups in each size category of group, by type of group and type of county: 1959

Size of group (full-time physicians)	Number of groups	All types	Type of county		
			Metropolitan	Adjacent	Isolated
	Multispecialty and general practice groups				
All sizes	1,228	100.0	43.9	16.7	39.4
Less than 3	74	100.0	79.7	8.1	12.2
3	327	100.0	33.0	19.3	47.7
4	196	100.0	31.1	18.9	50.0
5	137	100.0	43.8	15.3	40.9
6–10	279	100.0	43.0	17.9	39.1
11–15	88	100.0	55.7	14.8	29.5
16–25	81	100.0	58.1	16.0	25.9
26 or more	46	100.0	76.1	4.3	19.6
	Single specialty groups				
All sizes	395	100.0	83.1	6.3	10.6
Less than 3	3	100.0	100.0	.....	.....
3	207	100.0	77.8	8.7	13.5
4	107	100.0	86.9	4.7	8.4
5	37	100.0	86.5	5.4	8.1
6–10	37	100.0	94.6	.....	5.4
11–15	3	100.0	100.0	.....	.....
16–25	1	100.0	100.0	.....	.....
26 or more	0	.....	.....	.....	.....

Appendix table 18. Average size of multispecialty and general practice medical groups with three or more full-time physicians in each geographic division and State: 1946 and 1959

Geographic division and State	1946			1959		
	Number of groups	Average number of physicians		Number of groups	Average number of physicians	
		Full time	Equivalent full time [1]		Full time	Equivalent full time [1]
United States...	368	8.4	8.9	1,154	8.7	9.3
New England.....	8	7.6	8.1	18	16.3	16.7
Connecticut.....	0	.....	.....	3	10.0	10.0
Maine.....	0	.....	.....	1	5.0	5.0
Massachusetts.....	2	4.5	5.2	7	21.7	22.0
New Hampshire....	4	10.8	11.0	5	19.2	19.8
Rhode Island.....	0	.....	.....	0	.....	.....
Vermont.....	2	4.5	5.0	2	5.5	6.0
Middle Atlantic.....	17	7.7	11.1	57	10.4	15.1
New Jersey.....	5	5.8	6.5	5	11.2	11.7
New York.....	10	6.9	12.1	36	10.8	16.5
Pennsylvania.....	2	16.5	17.8	16	9.2	12.9
South Atlantic.....	21	8.5	9.6	93	7.9	8.4
Delaware.....	1	3.0	5.0	1	4.0	
District of Columbia.	1	11.0	15.0	5	13.2	16.4
Florida.....	2	9.0	9.0	13	11.8	12.0
Georgia.....	2	5.5	5.8	14	6.9	7.8
Maryland.....	1	4.0	6.0	3	5.0	6.0
North Carolina.....	7	11.0	11.1	17	9.2	9.3
South Carolina.....	1	5.0	8.5	10	3.5	3.5
Virginia.....	3	6.7	9.7	20	5.6	6.2
West Virginia.....	3	10.0	10.3	10	9.3	9.4
East South Central.....	19	8.6	9.4	80	6.4	6.7
Alabama.....	8	12.3	14.0	15	8.5	9.6
Kentucky.....	2	3.5	3.5	23	6.5	6.7
Mississippi.....	5	8.2	8.7	29	4.8	4.9
Tennessee.....	4	4.2	4.2	13	7.2	7.3
West South Central....	57	8.0	8.3	183	6.9	7.2
Arkansas.....	8	5.9	6.1	24	4.8	4.9
Louisiana.....	10	10.8	11.3	35	8.6	9.2
Oklahoma.....	13	6.1	6.4	24	7.0	7.3
Texas.....	26	8.6	8.8	100	6.8	7.1
East North Central....	75	7.6	7.8	184	9.6	9.9
Illinois.....	19	6.7	6.9	40	11.4	12.1
Indiana.....	14	7.1	7.3	24	9.2	9.3
Michigan.....	5	9.0	9.4	30	10.6	11.0
Ohio.....	10	11.3	12.0	44	8.9	9.2
Wisconsin.....	27	6.8	6.8	46	8.1	8.2

Appendix table 18. (cont'd)

Geographic division and State	1946			1959		
	Number of groups	Average number of physicians		Number of groups	Average number of physicians	
		Full time	Equivalent full time[1]		Full time	Equivalent full time[1]
West North Central	87	8.9	9.1	286	7.6	7.8
Iowa	10	6.3	6.6	50	7.0	7.1
Kansas	13	5.5	5.6	30	9.3	9.4
Minnesota	37	12.6	12.9	115	8.1	8.2
Missouri	5	4.6	4.7	33	6.2	6.7
Nebraska	9	4.9	4.9	13	5.9	5.9
North Dakota	8	10.4	10.6	27	8.5	8.5
South Dakota	5	4.2	4.2	18	5.8	6.1
Mountain	40	6.9	7.2	84	7.5	7.7
Arizona	3	9.0	9.0	4	12.0	12.0
Colorado	5	9.4	10.2	20	7.7	8.3
Idaho	3	3.3	3.3	12	4.4	4.6
Montana	16	6.4	6.5	16	8.4	8.7
Nevada	2	5.0	5.2	3	5.0	5.2
New Mexico	1	15.0	15.0	8	10.2	10.3
Utah	7	7.1	8.0	13	8.4	8.5
Wyoming	3	5.0	5.0	8	4.0	4.0
Pacific	44	10.7	11.8	169	12.6	13.4
Alaska	(2)	(2)	(2)	0	.....	.....
California	26	12.1	13.7	110	14.3	15.5
Hawaii	(2)	(2)	(2)	11	9.6	9.9
Oregon	7	10.1	10.1	23	8.9	9.0
Washington	11	7.8	8.1	25	9.7	10.1

[1]Estimated by equating 2 part-time physicians to 1 full-time physician.
[2]Not included in survey.

Appendix table 19. Degree of specialization of full- and part-time physicians in medical groups, by type of group: 1959

Degree of specialization	All groups	Multispecialty and general practice groups			Single specialty groups
		Total	3 or more full-time physicians	Less than 3 full-time physicians	
	Total group physicians				
Total	14,841	13,268	11,447	1,821	1,573
General practice	3,036	3,036	2,680	356	0
Partial specialization	557	554	531	23	3
Full specialization	11,248	9,678	8,236	1,442	1,570
Board certified	8,393	7,186	5,932	1,254	1,207
Other full specialists	2,855	2,492	2,304	188	363
	Full-time physicians				
Total	11,692	10,149	10,081	68	1,543
General practice	2,538	2,538	2,490	48	0
Partial specialization	481	480	478	2	1
Full specialization	8,673	7,131	7,113	18	1,542
Board certified	6,223	5,031	5,021	10	1,192
Other full specialists	2,450	2,100	2,092	8	350
	Part-time physicians				
Total	3,149	3,119	1,366	1,753	30
General practice	498	498	190	308	0
Partial specialization	76	74	53	21	2
Full specialization	2,575	2,547	1,123	1,424	28
Board certified	2,170	2,155	911	1,244	15
Other full specialists	405	392	212	180	13

Appendix table 20. Degree of specialization of physicians in 1,228 multispecialty and general practice groups in each geographic division: 1959

Geographic division	Total	Degree of specialization		
		General practice	Partial specialization	Full specialization
United States	13,268	3,036	554	9,678
New England	372	23	8	341
Middle Atlantic	2,478	525	39	1,914
South Atlantic	880	194	48	638
East South Central	573	171	27	375
West South Central	1,398	364	65	969
East North Central	1,998	370	75	1,553
West North Central	2,353	703	129	1,521
Mountain	675	171	41	463
Pacific	2,541	515	122	1,904

Appendix table 21. Type of specialty of full- and part-time physicians in 1,228 multispecialty and general practice groups: 1959

Type of specialty	Total	Full time	Part time
	Number of group physicians		
Total	13,268	10,149	3,119
General practice	3,036	2,538	498
Full and partial specialty	10,232	7,611	2,621
Internal medicine	2,613	2,228	385
Surgery	1,682	1,427	255
Obstetrics, gynecology	1,093	875	218
Pediatrics	887	773	114
Eye, ear, nose, and throat	791	486	305
Radiology	662	365	297
Orthopedics	469	316	153
Urology	386	239	147
Neuropsychiatry	281	170	111
Dermatology	263	128	135
Pathology	220	135	85
All other and not reported	885	469	416
	Percent distribution		
Total	100.0	100.0	100.0
General practice	22.9	25.0	16.0
Full and partial specialty	77.1	75 0	84.0
Internal medicine	19.7	21.9	12.3
Surgery	12.7	14.1	8.2
Obstetrics, gynecology	8.2	8.6	7.0
Pediatrics	6.7	7.6	3.7
Eye, ear, nose, and throat	6.0	4.8	9.8
Radiology	5.0	3.6	9.5
Orthopedics	3.5	3.1	4.9
Urology	2.9	2.4	4.7
Neuropsychiatry	2.1	1.7	3.6
Dermatology	2.0	1.3	4.3
Pathology	1.6	1.3	2.7
All other and not reported	6.7	4.6	13.3

Appendix table 22. Number of single specialty groups, by type of specialty and size of group: 1959

Type of specialty	All sizes	Size of group (full-time physicians)					
		Less than 3	3	4	5	6–10	11–19
All specialties	395	3	207	107	37	37	4
Internal medicine	68	0	41	20	4	3	0
Orthopedics	53	0	27	14	6	6	0
Pediatrics	52	0	28	17	4	3	0
Obstetrics, gynecology	43	0	29	11	2	1	0
Radiology	40	0	18	11	4	6	1
Eye, ear, nose, and throat	34	1	16	9	5	3	0
General surgery	31	2	22	7	0	0	0
Anesthesiology	30	0	4	7	8	10	1
Urology	13	0	8	5	0	0	0
Neuropsychiatry	10	0	3	3	0	3	1
Pathology	4	0	4	0	0	0	0
All other	17	0	7	3	4	2	1

Appendix table 23. Licensed practical nurses in medical groups, by type and size of group: 1959

Size of group (full-time physicians)	Groups with licensed practical nurses		Number of licensed practical nurses	Nurses per group[1]
	Number	Percent		
	Multispecialty and general practice groups			
All sizes	448	36.5	1,210	2.7
Less than 3	29	39.2	58	2.0
3–5	212	32.1	463	2.2
6–10	101	36.2	279	2.8
11–15	41	46.6	133	3.2
16–25	39	48.1	121	3.1
26 or more	26	56.5	156	6.0
	Single specialty groups			
All sizes	43	10.9	72	1.7
Less than 3	1	33.3	2	2.0
3–5	36	10 3	59	1.6
6–10	5	13.5	10	2.0
11–15	0	.....	0	.....
16–25	1	100.0	1	1.0
26 or more	0	.....	0	.....

[1]Based on groups with licensed practical nurses.

Appendix table 24. Nursing aides in medical groups, by type and size of group: 1959

Size of group (full-time physicians)	Groups with nursing aides		Number of nursing aides	Nursing aides per group [1]
	Number	Percent		
	Multispecialty and general practice groups			
All sizes	586	47.7	2,016	3.4
Less than 3	32	43.2	59	1.8
3–5	282	42.7	676	2.4
6–10	141	50.5	436	3.1
11–15	51	58.0	174	3.4
16–25	50	61.7	258	5.2
26 or more	30	65.2	413	13.8
	Single specialty groups			
All sizes	122	30.9	231	1.9
Less than 3	1	33.3	1	1.0
3–5	111	31.6	214	1.9
6–10	8	21.6	14	1.8
11–15	1	33.3	1	1.0
16–25	1	100.0	1	1.0
26 or more	0	.....	0	.....

[1] Based on groups with nursing aides.

Appendix table 25. Proportion of multispecialty and general practice groups with technicians, therapists, and social workers, by size of group: 1959

Size of group (full-time physicians)	Percent of groups with:			
	X-ray technicians	Laboratory technicians	Physical therapists	Social workers
All sizes	65.4	75.6	18.1	3.3
Less than 3	66.2	70.3	28.4	14.9
3–5	48.2	64.1	6.7	0.5
6–10	84.2	89.6	17.2	1.8
11–15	93.2	95.5	43.2	5.7
16–25	97.5	97.5	46.9	7.4
26 or more	87.0	87.0	71.7	23.9

Appendix table 26. Distribution of full- and part-time physicians in 1,228 multispecialty and general practice groups, by form of group organization: 1959

Form of group organization	All physicians in multispecialty and general practice groups	Full time	Part time
	Number of group physicians		
All forms	13,268	10,149	3,119
All partners	2,447	2,235	212
Partners and employed physicians	6,531	5,322	1,209
Association, all associates	1,111	961	150
Association, associates and employed	484	329	155
Single owner plus employed physicians	388	256	132
All physicians employed	2,307	1,046	1,261
	Percent of physicians		
All forms	100.0	100.0	100.0
All partners	18.5	22 0	6.8
Partners and employed physicians	49.2	52.4	38.8
Association, all associates	8.4	9.5	4.8
Association, associates and employed	3.6	3.3	5.0
Single owner plus employed physicians	2.9	2.5	4.2
All physicians employed	17.4	10.3	40.4

Appendix table 27. Distribution of multispecialty and general practice groups, by form of group organization and size of group: 1959

Form of group organization	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
	Number of multispecialty and general practice groups						
All forms	1,228	74	660	279	88	81	46
All partners	472	10	359	87	9	3	4
Partners and employed physicians	545	25	224	151	62	60	23
Association, all associates	54	2	17	15	8	6	6
Association, associates and employed	25	1	5	8	3	6	2
Single owner plus employed physicians	60	10	36	12	2	0	0
All physicians employed	72	26	19	6	4	6	11
	Percent of groups, by size of group						
All forms	100.0	6.0	53.8	22.7	7.2	6.6	3.7
All partners	100.0	2.1	76.1	18.4	1.9	0.6	0.9
Partners and employed physicians	100.0	4.6	41.1	27.7	11.4	11.0	4.2
Association, all associates	100.0	3.7	31.5	27.8	14.8	11.1	11.1
Association, associates and employed	100.0	4.0	20.0	32.0	12.0	24.0	8.0
Single owner plus employed physicians	100.0	16.7	60.0	20.0	3.3	.....	.....
All physicians employed	100.0	36.1	26.4	8.3	5.6	8.3	15.3
	Percent of groups, by form of organization						
All forms	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All partners	38.4	13.5	54.4	31.2	10.2	3.7	8.7
Partners and employed physicians	44.4	33.8	33.9	54.1	70.5	74.1	50.0
Association, all associates	4.4	2.7	2.6	5.4	9.1	7.4	13.1
Association, associates and employed	2.0	1.4	0.8	2.9	3.4	7.4	4.3
Single owner plus employed physicians	4.9	13.5	5.4	4.3	2.3	.....	.....
All physicians employed	5.9	35.1	2.9	2.1	4.5	7.4	23.9

Appendix table 28. Distribution of physicians in 1,228 multispecialty and general practice groups, by form of group organization and size of group: 1959

Form of group organization	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
	Number of group physicians						
All forms	13,268	1,821	2,879	2,367	1,386	1,713	3,102
All partners	2,447	125	1,328	678	115	56	145
Partners and employed physicians	6,531	485	1,075	1,313	904	1,209	1,545
Association, all associates	1,111	129	69	128	108	122	555
Association, associates and employed	484	103	22	71	46	137	105
Single owner plus employed physicians	388	84	172	102	30	0	0
All physicians employed	2,307	895	213	75	183	189	752
	Percent of physicians, by size of group						
All forms	100.0	13.7	21.7	17.8	10.5	12.9	23.4
All partners	100.0	5.1	54.3	27.7	4.7	2.3	5.9
Partners and employed physicians	100.0	7.4	16.5	20.1	13.8	18.5	23.7
Association, all associates	100.0	11.6	6.2	11.5	9.7	11.0	50.0
Association, associates and employed	100.0	21.3	4.5	14.7	9.5	28.3	21.7
Single owner plus employed physicians	100.0	21.7	44.3	26.3	7.7	.....	.....
All physicians employed	100.0	38.8	9.2	3.3	7.9	8.2	32.6
	Percent of physicians, by form of organization						
All forms	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All partners	18.5	6.9	46.1	28.6	8.3	3.3	4.7
Partners and employed physicians	49.2	26.6	37.3	55.5	65.2	70.6	49.8
Association, all associates	8.4	7.1	2.4	5.4	7.8	7.1	17.9
Association, associates and employed	3.6	5.7	0.8	3.0	3.3	8.0	3.4
Single owner plus employed physicians	2.9	4.6	6.0	4.3	2.2	.....	.....
All physicians employed	17.4	49.1	7.4	3.2	13.2	11.0	24.2

Appendix table 29. Number of single specialty groups, by form of group organization and size of group: 1959

Form of group organization	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
All forms	395	3	351	37	3	1	0
All partners	291	0	270	20	1	0	0
Partners and employed physicians	78	2	61	13	2	0	0
Association[1]	13	1	8	3	0	1	0
Single owner plus employed physicians	12	0	12	0	0	0	0
All physicians employed	1	0	0	1	0	0	0

[1] 11 of these consist of all associates and 2 have some associates and some employed physicians.

Appendix table 30. Distribution of full- and part-time physicians in multispecialty and general practice groups consisting entirely of employed physicians, by type of employer: 1959

Type of employer	Number of group physicians		Percent of physicians	
	Full time	Part time	Full time	Part time
All types	1,046	1,261	100.0	100.0
Labor union	26	917	2.5	72.7
Industry	48	89	4.6	7.0
Foundation	229	106	21.9	8.4
Consumer cooperative	133	70	12.7	5.6
Hospital	300	35	28.7	2.8
Medical school	269	3	25.7	0.2
Other	41	41	3.9	3.3

Appendix table 31. Distribution of medical groups, by extent of incorporation for different purposes and by type of group: 1959

Corporate status	All groups	Multispecialty and general practice groups	Single specialty groups
	Number of groups		
Total groups	1,623	1,228	395
Total groups incorporated	673	559	114
For one purpose only	432	370	62
Practice of medicine	181	146	35
Physical assets	236	210	26
Taxation	15	14	1
For two purposes	150	120	30
Practice of medicine and physical assets.	72	57	15
Practice of medicine and taxation	8	7	1
Physical assets and taxation	70	56	14
For all three purposes	91	69	22
Not incorporated	879	618	261
Not reported	71	51	20
	Percent of groups		
Total groups with corporate status reported.	100.0	100.0	100.0
Total groups incorporated	43.4	47.5	30.4
For one purpose only	27.8	31.4	16.5
For two purposes	9.7	10.2	8.0
For all three purposes	5.9	5.9	5.9
Not incorporated	56.6	52.5	69.6

Appendix table 32. Number of medical groups incorporated for different purposes, by geographic division, State, and type of group: 1959

Geographic division and State	Incorporated for practice of medicine		Incorporated for physical assets		Incorporated for purposes of taxation	
	Multispecialty and general practice	Single specialty	Multispecialty and general practice	Single specialty	Multispecialty and general practice	Single specialty
United States	279	73	392	77	146	38
New England	9	2	6	4	4	3
Connecticut	1	1	1	2	0	1
Maine	0	0	0	0	0	0
Massachusetts	2	1	2	2	1	2
New Hampshire	4	0	2	0	2	0
Rhode Island	1	0	0	0	0	0
Vermont	1	0	1	0	1	0
Middle Atlantic	21	2	35	4	10	1
New Jersey	1	0	1	3	0	1
New York	14	1	24	0	5	0
Pennsylvania	6	1	10	1	5	0
South Atlantic	30	12	26	15	12	5
Delaware	1	0	0	0	0	0
District of Columbia	2	2	1	1	0	0
Florida	3	0	4	1	1	0
Georgia	4	1	7	3	2	0
Maryland	2	1	1	1	1	1
North Carolina	5	0	9	3	7	0
South Carolina	2	1	0	1	0	1
Virginia	6	6	3	4	0	3
West Virginia	5	1	1	1	1	0
East South Central	19	4	24	4	13	3
Alabama	2	1	6	1	2	1
Kentucky	6	1	9	0	5	0
Mississippi	7	1	3	2	2	1
Tennessee	4	1	6	1	4	1
West South Central	45	11	61	15	26	6
Arkansas	3	1	7	1	4	1
Louisiana	15	4	16	6	6	2
Oklahoma	2	0	7	0	6	0
Texas	25	6	31	8	10	3
East North Central	46	18	65	12	24	8
Illinois	8	1	14	2	3	2
Indiana	6	2	13	1	6	1
Michigan	11	2	6	1	3	0
Ohio	6	12	18	7	7	5
Wisconsin	15	1	14	1	5	0

Appendix table 32. (cont'd)

Geographic division and State	Incorporated for practice of medicine		Incorporated for physical assets		Incorporated for purposes of taxation	
	Multispecialty and general practice	Single specialty	Multispecialty and general practice	Single specialty	Multispecialty and general practice	Single specialty
West North Central	61	11	98	7	28	2
Iowa	7	3	13	1	2	1
Kansas	4	0	11	1	6	0
Minnesota	27	7	46	4	15	1
Missouri	13	0	8	0	3	0
Nebraska	2	1	4	1	0	0
North Dakota	4	0	10	0	0	0
South Dakota	4	0	6	0	2	0
Mountain	19	7	26	10	11	7
Arizona	0	0	2	1	1	0
Colorado	4	6	3	8	0	6
Idaho	2	0	5	0	2	0
Montana	5	1	7	1	2	1
Nevada	0	0	1	0	1	0
New Mexico	1	0	2	0	1	0
Utah	4	0	6	0	4	0
Wyoming	3	0	0	0	0	0
Pacific	29	6	51	6	18	3
Alaska	0	0	0	0	0	0
California	17	5	36	3	13	3
Hawaii	2	0	1	0	1	0
Oregon	5	1	8	2	1	0
Washington	5	0	6	1	3	0

Appendix table 33. Proportion of medical groups incorporated for different purposes, by type and size of group: 1959

Type and size of group (full-time physicians)	Number of groups	Percent incorporated[1] for:		
		Practice of medicine	Physical assets	Purposes of taxation
Multispecialty and general practice:				
All sizes	1,228	23.7	33.3	12.4
Less than 3	74	25.7	28.6	11.4
3–5	660	28.3	24.2	11.3
6–10	279	18.4	39.5	12.4
11–15	88	17.9	52.4	15.5
16–25	81	11.2	63.8	17.5
26 or more	46	19.5	43.9	14.6
Single specialty:				
All sizes	395	19.5	20.5	10.1
Less than 3	3	66.7	33.3	.....
3–5	351	18.9	20.1	10.2
6–10	37	17.6	23.5	8.8
11–15	3	66.7	.....	.....
16–25	1	.....	100.0	100.0
26 or more	0	.....	.....	.....

[1]Excluding groups with corporate status not reported.

Appendix table 34. Distribution of physicians in multispecialty and general practice groups, by type of physician, method of income distribution, and size of group: 1959

Type of physician and method of income distribution	All sizes[1]	Size of group (full-time physicians)				
		Less than 3	3–5	6–10	11–25	26 or more
Partners:						
Number of partners	6,525	447	1,979	1,508	1,658	933
Percent of partners:						
All methods	100.0	100.0	100.0	100.0	100.0	100.0
Share of net only	71.0	78.5	75.2	72.0	67.1	63.8
Salary plus share of net	24.9	15.4	20.0	21.8	29.9	36.2
Salary only	1.4	6.1	1.6	1.9	0.1	.....
All other and not reported	2.7	.....	3.2	4.3	2.9	.....
Associates:						
Number of associates	1,212	129	75	156	297	555
Percent of associates:						
All methods	100.0	100.0	100.0	100.0	100.0	100.0
Share of net only	5.9	.....	21.3	10.9	12.8	
Salary plus share of net	56.9	.....	66.7	41.7	55.6	73.9
Salary only	36.1	100.0	12.0	39.1	31.6	26.1
All other and not reported	1.1	.....	.....	8.3	.....	.....
Employed physicians:						
Number of employed physicians.	4,734	1,132	738	591	991	1,282
Percent of employed physicians:						
All methods	100.0	100.0	100.0	100.0	100.0	100.0
Share of net only	5.5	5 8	7.2	9.5	4.4	3.2
Salary plus share of net	17.4	7.3	15.6	23.7	13.3	27.6
Salary only	70.8	77.4	67.3	55.0	77.4	69.0
All other and not reported.	6.3	9.5	9.9	11.8	4.9	0.2

[1]Excludes 637 physicians whose status was not reported and 60 physicians who are owners of groups.

Appendix table 35. Distribution of physicians in multispecialty and general practice groups, by type of physician, form of group organization, and method of income distribution: 1959

Type of physician and form of group organization	Number of group physicians[1]	Percent distribution by method of income distribution				
		All methods	Share of net only	Salary plus share of net	Salary only	All other and not reported
Partners:						
Total	6,525	100.0	71.0	24.9	1.4	2.7
All partners	2,447	100.0	79.6	15.6	2.3	2.5
Partners and employed physicians	4,078	100.0	65.9	30.5	0.8	2.8
Associates:						
Total	1,212	100.0	5.9	56.9	36.1	1.1
All associates	1,111	100.0	6.0	55.6	37.6	0.8
Associates and employed physicians	101	100.0	4.0	71.2	20.8	4.0
Employed physicians:						
Total	4,734	100.0	5.5	17.4	70.8	6.3
All employed	2,307	100.0	1.8	6.9	86.4	4.9
Partners and employed	2,057	100.0	8.5	25.1	58.2	8.2
Single owner and employed	328	100.0	13.4	43.3	39.9	3.4
Associates and employed	42	100.0	.....	9.5	71.4	19.1

[1]Excludes 637 physicians whose status was not reported and 60 physicians who are owners of groups.

Appendix table 36. Hospital ownership or control by multispecialty and general practice groups, by size of group: 1959

Relation with hospital	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
Number of groups	1,228	74	660	279	88	81	46
Percent of groups:							
Total[1]	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital owned by group	10.1	9.6	11.3	9.4	6.8	7.4	8.7
Hospital not owned but controlled administratively.	5.1	1.4	4.3	5.0	11.4	3.7	13.0
No hospital owned or controlled	84.8	89.0	84.4	85.6	81.8	88.9	78.3

[1]Excludes 7 groups for which relation with hospital was not reported.

Appendix table 37. Hospital ownership or control by multispecialty and general practice groups, by form of group organization: 1959

Relation with hospital	All forms	Form of group organization			
		Partnership	Association	Single owner plus employed	All employed
Number of groups	1,228	1,017	79	60	72
Percent of groups:					
Total[1]	100.0	100.0	100.0	100.0	100.0
Hospital owned by group.	10.1	9.6	8.9	20.3	9.8
Hospital not owned but controlled administratively.	5.1	4.2	8.9	5.1	12.7
No hospital owned or controlled.	84.8	86.2	82.2	74.6	77.5

[1]Excludes 7 groups for which relation with hospital was not reported.

Appendix table 35. Distribution of physicians in multispecialty and general practice groups, by type of physician, form of group organization, and method of income distribution: 1959

Type of physician and form of group organization	Number of group physicians[1]	Percent distribution by method of income distribution				
		All methods	Share of net only	Salary plus share of net	Salary only	All other and not reported
Partners: Total	6,525	100.0	71.0	24.9	1.4	2.7
All partners	2,447	100.0	79.6	15.6	2.3	2.5
Partners and employed physicians	4,078	100.0	65.9	30.5	0.8	2.8
Associates: Total	1,212	100.0	5.9	56.9	36.1	1.1
All associates	1,111	100.0	6.0	55.6	37.6	0.8
Associates and employed physicians	101	100.0	4.0	71.2	20.8	4.0
Employed physicians: Total	4,734	100.0	5.5	17.4	70.8	6.3
All employed	2,307	100.0	1.8	6.9	86.4	4.9
Partners and employed	2,057	100.0	8.5	25.1	58.2	8.2
Single owner and employed	328	100.0	13.4	43.3	39.9	3.4
Associates and employed	42	100.0	.....	9.5	71.4	19.1

[1]Excludes 637 physicians whose status was not reported and 60 physicians who are owners of groups.

Appendix table 36. Hospital ownership or control by multispecialty and general practice groups, by size of group: 1959

Relation with hospital	All sizes	Size of group (full-time physicians)					
		Less than 3	3–5	6–10	11–15	16–25	26 or more
Number of groups	1,228	74	660	279	88	81	46
Percent of groups:							
Total[1]	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital owned by group	10.1	9.6	11.3	9.4	6.8	7.4	8.7
Hospital not owned but controlled administratively.	5.1	1.4	4.3	5.0	11.4	3.7	13.0
No hospital owned or controlled	84.8	89.0	84.4	85.6	81.8	88.9	78.3

[1]Excludes 7 groups for which relation with hospital was not reported.

Appendix table 37. Hospital ownership or control by multispecialty and general practice groups, by form of group organization: 1959

Relation with hospital	All forms	Form of group organization			
		Partnership	Association	Single owner plus employed	All employed
Number of groups	1,228	1,017	79	60	72
Percent of groups:					
Total[1]	100.0	100.0	100.0	100.0	100.0
Hospital owned by group.	10.1	9.6	8.9	20.3	9.8
Hospital not owned but controlled administratively.	5.1	4.2	8.9	5.1	12.7
No hospital owned or controlled.	84.8	86.2	82.2	74.6	77.5

[1]Excludes 7 groups for which relation with hospital was not reported.

Appendix table 38. Distribution of multispecialty and general practice groups with prepayment plans and of physicians in such groups, by geographic division: 1959

Geographic division	Groups with prepayment plans		Physicians in groups with prepayment plans	
	Number	Percent of all multispecialty and general practice groups	Number	Percent of physicians in all multispecialty and general practice groups
United States	129	10.5	3,676	27.7
New England	2	9.5	58	15.6
Middle Atlantic	45	51.1	1,686	68.0
South Atlantic	10	9.8	149	16.9
East South Central	5	6.1	77	13.4
West South Central	10	5.3	119	8.5
East North Central	10	5.2	154	7.7
West North Central	10	3.4	150	6.4
Mountain	11	12.9	87	12.9
Pacific	26	14.8	1,196	47.1

Appendix table 39. Distribution of multispecialty and general practice groups with prepayment plans, by type of specialties provided: 1959

Type of specialties provided	Groups with prepayment plans		All multispecialty and general practice groups	
	Number	Percent distribution	Number	Percent distribution
Total	129	100.0	1,228	100.0
General practice only	8	6.2	254	20.7
General practice and internal medicine only.	1	0.8	20	1.6
General practice and/or internal medicine, and surgery only.	5	3.9	155	12.6
General practice and/or internal medicine, and surgery, obstetrics, at least.	80	62.0	506	41.2
Essentially single field	1	0 8	24	2 0
All other combinations	27	20.9	241	19.6
Unknown	7	5.4	28	2.3

Appendix table 40. Proportion of multispecialty and general practice groups with prepayment plans employing selected types of related health personnel: 1959

Selected type of personnel	Number of groups with prepayment plans, employing specified personnel	Percent of all groups with prepayment plans	Number of multispecialty and general practice groups employing specified personnel	Percent of all multispecialty and general practice groups
Dentists	15	11.6	79	6.4
Professional nurses	116	89.9	1034	84.2
Licensed practical nurses	56	43.4	448	36.5
Nursing aides	65	50.4	586	47.7
Laboratory technicians	115	89.1	928	75.6
X-ray technicians	111	86.0	803	65.4
Physical therapists	59	45.7	222	18.1
Social workers	27	20.9	41	3.3
Dental hygienists	10	7.8	39	3.2

Appendix table 41. Distribution of multispecialty and general practice groups with prepayment plans, by method of income distribution: 1959

Method of income distribution	Groups with prepayment plans		Multispecialty and general practice groups	
	Number	Percent distribution	Number	Percent distribution
Partners:				
All methods	71	100.0	1,017	100.0
Share of net only	38	53.5	739	72.7
Salary plus share of net	27	38.1	232	22.8
Salary only	3	4.2	13	1.3
All other and not reported	3	4.2	33	3.2
Associates:				
All methods	9	100.0	79	100.0
Share of net only	0	.....	11	13.9
Salary plus share of net	4	44.4	45	57.0
Salary only	5	55.6	21	26.6
All other and not reported	0	.....	2	2.5
Employed physicians:				
All methods	107	100.0	702	100.0
Share of net only	0	.....	46	6.6
Salary plus share of net	14	13.1	120	17.1
Salary only	87	81.3	462	65.8
All other and not reported	6	5.6	74	10.5

Appendix table 42. Year of organization of multispecialty and general practice groups, by form of group organization: 1959

Year of organization	All forms	Form of group organization			
		Partnership[1]	Association[1]	Single owner plus employed physicians	All physicians employed
Total[2]	1,187	993	77	54	63
Before 1940	258	199	30	5	24
1940-44	51	44	1	4	2
1945-49	263	226	11	16	10
1950-54	251	214	10	10	17
1955 or later	364	310	25	19	10

[1]Includes the groups with some employed physicians.
[2]Excludes 41 groups whose year of organization was not reported.

Appendix table 43. Year of organization of multispecialty and general practice groups, by type of county: 1959

Year of organization	All types	Type of county		
		Metropolitan	Adjacent	Isolated
Total[1]	1,187	517	198	472
Before 1940	258	121	45	92
1940-44	51	19	7	25
1945-49	263	112	42	109
1950-54	251	110	49	92
1955 or later	364	155	55	154

[1]Excludes 41 groups whose year of organization was not reported.

Appendix table 44. Multispecialty and general practice groups expecting to increase their physician staff in 1960, by size of group

Size of group (full-time physicians)	Number of groups		Percent expecting to increase physician staff
	Total	Expecting to increase physician staff	
All sizes	1,228	577	47.0
Less than 3	74	20	27.0
3-5	660	215	32.6
6-10	279	164	58.8
11-25	169	140	82.8
26 or more	46	38	82.6

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(*1*) Klotz, Walter C. Group Clinics: A Study of Organized Medical Practice. New York, The Committee on Dispensary Development of the United Hospital Fund of New York, March 1927. 32 pp.

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[1]Excludes 41 groups whose year of organization was not reported.

Appendix table 44. Multispecialty and general practice groups expecting to increase their physician staff in 1960, by size of group

Size of group (full-time physicians)	Number of groups		Percent expecting to increase physician staff
	Total	Expecting to increase physician staff	
All sizes	1,228	577	47.0
Less than 3	74	20	27.0
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6–10	279	164	58.8
11–25	169	140	82.8
26 or more	46	38	82.6

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